Name in Full: Marion E. Alley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto

Date of death	Month	Day	Age: Years	Months	Days
1904	Nov	10	—	1	5

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace: Balto Co	
Occupation: —	Where Residing if not at place of death: 205 Clairmont St		
Married, Single or Widowed: Single	Name of Wife or Husband: —		
Father's Name: W. H. Alley		Father's Birthplace: Va	
Mother's Maiden Name: Marion B. Gordon		Mother's Birthplace: Va	
Name of person giving Information: Mrs Astor		How related to deceased: None	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal nutrition		How long: one month.
Immediate: Exhaustion		How long: two days.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Jas. L. Smith MD	
	Address: 3 and Gough Highlandtown	
Accident or Suicide? No		

LIBRARY BUREAU A88618

Kendall Dispensary

St Marys Ohio

Name in Full: Gertrude Ament

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ollen — County: Baltimore

Date of death 1904: Month: July — Day: 8 — Age: 6 Week — Months — Days

Sex: Girl — Color or Race: White — Birthplace: Ollen

Married, Single or Widowed: — — Occupation: — —

Name of Wife or Husband:

Father's Name: Peter Ament — Father's Birthplace: Baltimore Co

Mother's Maiden Name: Catharine Ament — Mother's Birthplace: Howard Co

Name of person giving information: Dr Thos B Dorsey — How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 weeks

Immediate: Convulsion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos B Dorsey

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A26518

Name in Full: James Armstrong

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: Month: July; Day: 18th; 1904

Age: Years: 34; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Mass

Occupation: Clergyman

Where Residing if not at place of death: Philadelphia

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Reads Mt Hope

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Acute

How long: 3 or 4 days

Immediate: Heat Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Co Md.

Accident or Suicide? —

LIBRARY BUREAU A88518

Name in Full: Dora Baer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harrisonville; County: Balto

Date of death: Month: 7; Day: 23; 1904

Age: Years: 63; Months: 6; Days: 17

Sex: female; Color or Race: white; Birthplace: Germany

Occupation: Housewife; Where Residing if not at place of death: ch place of death

Married, Single or Widowed: married; Name of Wife or Husband: Michael Baer

Father's Name: Fred. Gloss; Father's Birthplace: German

Mother's Maiden Name: R Schulle; Mother's Birthplace:

Name of person giving information: Wm J. Riggs; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Disease of Heart; How long: 6 Mo.

Immediate: Dropsy; How long: 2 Mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Bolton

Address:

Accident or Suicide?

LIBRARY BUREAU A69816

Name in Full: George Albert Baker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Belfast P.O. Md — County: Baltimore

Date of death: 1904 — Month: 7 — Day: 1 — Age: Years 14 — Months 5 — Days 20

Sex: Male — Color or Race: White — Birthplace: Butler Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Albert Baker — Father's Birthplace: Balto City Md

Mother's Maiden Name: Neoma Ensor — Mother's Birthplace: Verona Md

Name of person giving information: John Albert Baker — How related to deceased: Father

CAUSES OF DEATH

Primary: Heart Disease — How long: Years

Immediate: Uremia — How long: Two months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Orach

Address: Butler P.O. Md

Accident or Suicide?

LIBRARY BUREAU A88516

Interment Black Rock Cemetery
June 3rd

Please return receipt

Name in Full: Mrs Lena Baltz.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Arlington. County: Balto.

Date of death 1904: Month: July. Day: 23. Age: Years: 52. Months: 8. Days: 20.

Sex: Female. Color or Race: White. Birthplace: Balto City.

Married, Single or Widowed: Widow. Occupation: Wife.

Name of Wife or Husband: Henry Baltz.

Father's Name: George Buchheimer. Father's Birthplace: Germany.

Mother's Maiden Name: Barbara Buchheimer. Mother's Birthplace: "

Name of person giving Information: Daughter. Ella Schmeisser. How related: ~~Children~~ to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Albuminuria (acute). How long: 4 days.

Immediate: Uremia. How long: one day.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: M. Wolcott MD

Address: Arlington Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Charles Bast

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Baltimore

Date of death 1904 — Month: July — Day: 22nd — Age — Years: 2 — Months: 8 — Days:

Sex: Male — Color or Race: White — Birthplace: Balto. Co. Md.

Married, Single or Widowed: single — Occupation: None

Name of Wife or Husband:

Father's Name: John Bast — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Kutschenreuter — Mother's Birthplace: Germany

Name of person giving In formation: John Bast — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Burns accidental 1/67 — How long: 16 hours

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: C. N. Athey

Address

Accident or Suicide?

LIBRARY BUREAU A66516

Sacred Heart - Cemetery

July 24 th 1904

Germanes France

Wonderlaten

Name in Full: Joseph Behr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton County: Balto

Date of death 1907: Month: July Day: 10 Age: Years — Months — Days —

Sex: Male Color or Race: White Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Behr Father's Birthplace: Md

Mother's Maiden Name: Carrie Albrecht Mother's Birthplace: [illegible]

Name of person giving Information: George Behr How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Labor How long: at bgn months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: F. W. Schneider M.D.

Address: 1013 Eastern Ave.

Accident or Suicide? —

LIBRARY BUREAU A69318

Sacred Heart Conv.

July 11 '04

Zikler & Zikler

1739 E. Eagan St.

Name in Full: Berkenschalt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: ~~County~~ Baltimore

Date of death 1904 — Month: July — Day: 19

Age — Years: 1 — Months: 5 — Days:

Sex

Color or Race

Birthplace

Married, Single or Widowed

Occupation

Name of Wife or Husband

Not entered with

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

1/03

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: about 4 days

Immediate: Spasm due to Neurosis — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Luigard D. Whitford

Address: Fullerton, Md.

Accident or Suicide?

LIBRARY BUREAU A60616

Name in Full: Mary E. Booz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Baltimore

Date of death 1904: Month: July — Day: 15th — Age: Years: 29 — Months: 2 — Days: 23

Sex: Female — Color or Race: White — Birthplace: Balto. Md.

Married, Single or Widowed: Widow — Occupation: Nom

Name of ~~Wife or~~ Husband: George J. Booz

Father's Name: Henry Kimmerle — Father's Birthplace: Md

Mother's Maiden Name: Catharine Doerfner — Mother's Birthplace: Germany

Name of person giving Information: Dora Finnerty — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 2 years

Immediate: Asthenia — How long: 4 mos.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. J. McAvoy M.D.

Address: 839 S. Caroline St.

Accident or Suicide?

LIBRARY BUREAU A88616

Sacred Heart Cemetery

July 18th 1904

Germanus Blanc

Undertaker

Name in Full: Sarah Virginia Bosley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Reisterstown | County: Baltimore

Date of death: Month: July | Day: 12 | Year: 1904

Age: Years: — | Months: 11 | Days: 23

Sex: Female | Color or Race: white | Birthplace: Virginia

Occupation: Farmer | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

Father's Name: Charles Bosley | Father's Birthplace: Baltimore Co

Mother's Maiden Name: Christina Bowers | Mother's Birthplace: Baltimore Co

Name of person giving information: Christiana Bosley | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething | How long: 36 hrs.

Immediate: Convulsions | How long: 8 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. M. Sloan

Address: Reisterstown

Accident or Suicide? —

LIBRARY BUREAU A86816

Name In Full: Herbert ~~Owen~~ Bowen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death 1904 — Month: July — Day: 20 — Years: Age 18. — Months — Days

Sex: Male — Color or Race: Colld — Birthplace: Balto

Married, Single or ~~Widowed~~ — Occupation: Laborer

Name of Wife or Husband

Father's Name: Richard Bowen — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: James Squirrell — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulm Tuberculosis. — How long: 6 Mos

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. E. Hagle Corner

Address: Pa C & Hartford

Catonsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A89516

Name in Full: Howard B. Bowers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Roswell; County: Balto Co Md

Date of death 1904: Month: July; Day: 31

Age: Years: 21; Months: 4; Days: —

Sex: Male

Color or Race: White

Birthplace: Balto Md

Married, Single or Widowed: Single

Occupation: Tinner

Name of Wife or Husband: —

Father's Name: Joseph J Bowers

Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Elizabeth Palmer

Mother's Birthplace: Carroll Co Md

Name of person giving information: Mr Gilmore

How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning — How long: —

Immediate: Accidental Drowning — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Coroner Signature of Physician: Fred L Pfeffer

Address: 1218 First St

Accident or Suicide?

LIBRARY BUREAU A68516

A Fuick & Sons

Mid Ridge Ranch

Name in Full: Jennie Estella Brady

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: Md

Date of death: Month: July Day: 10 1904

Age: Years: 35 Months: Days:

Sex: Female

Color or Race: White

Birthplace: Annapolis

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married

Name of Wife or Husband: William E. Brady

Father's Name: Wm. Johnson

Father's Birthplace: Annapolis

Mother's Maiden Name: Mary E. Smith

Mother's Birthplace: Balto.

Name of person giving Information: Edna E. Russell

How related to deceased: 1st cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: 15 months

Immediate: Anaemia

How long: "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. S. Hopkins M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Braun

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Monell Park — County: Balto Co Md.

Date of death 190 4 — Month: 7 — Day: 17 — Age — Years: ~ — Months: ~ — Days: ~

Sex: Female — Color or Race: White — Birthplace: Monell Pk

Married, Single or Widowed: ~ — Occupation: ~

Name of Wife or Husband: ~

Father's Name: Wm Braun — Father's Birthplace: Md

Mother's Maiden Name: Rhoda Braun — Mother's Birthplace: Md

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: ~

Immediate: ~ — How long: ~

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. S. M. Kieffer M.D.

Address: Monell Park Balto. Md.

Accident or Suicide?

LIBRARY BUREAU A68818

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Frances Ann Broderick

Died at: Town: Catonsville; County: Baltimore

Date of death: Month: July; Day: 27; 1904

Age: Years: 60; Months: 6; Days: 2

Sex: Female

Color or Race: White

Birthplace: Baltimore

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Daniel Broderick

Father's Birthplace: Ireland

Mother's Maiden Name: Ann McCulla

Mother's Birthplace: Ireland

Name of person giving information: D. J. Broderick

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-sclerosis Diabetes — How long: 10 years

Immediate: Cerebral hemorrhage — How long: 20 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank P. Smith

Address: 1126 Cathedral St Baltimore.

Accident or Suicide? No

LIBRARY BUREAU A88316

Dr. Frank R. Smith
1126 Cathedral St.

Name in Full: Edward Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington — County: Balt.

Date of death	Month	Day	Years	Months	Days
1904	7	26	Age	10	

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Edw. Brooks — Father's Birthplace: Md

Mother's Maiden Name: Katie Cunard — Mother's Birthplace: Md

Name of person giving Information: Josie Cunard — How related to deceased: Aunt

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

TO BE ANSWERED BY PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: One week

Immediate: Convulsions — How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Buetow

Address: Mt Washington

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sarah Broun

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City; County: Baltimore

Date of death 1904: Month: July; Day: 24

Age: Years: 34; Months: —; Days:

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: House Keeper

Where Residing if not at place of death: Ellicott City Balto Co

Married, Single or Widowed: Married

Name of Wife or Husband: Charles Broun

Father's Name: James Flaherty

Father's Birthplace: Irrland

Mother's Maiden Name: Mary Flaherty

Mother's Birthplace: Irrland

Name of person giving In formation: Charles Broun

How related to deceased: Husband

38

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pregnancy with Albuminuria — How long: seven months

Immediate: Uremic poison with convulsions — How long: Two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William E Hodges

Address: Ellicott City - Md

Accident or Suicide?

LIBRARY BUREAU A88513

Easton to Lons.

Ellicott City.

St. Peters Cemetery.

Name in Full: Petronilla Byrne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mount Hope Retreat — County: Baltimore

Date of death: Month: July — Day: 29 — 1904

Age: Years: 78 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death: Baltimore

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: Recds Mt Hope — How related to deceased: not at all

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Degeneration — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Co.

Accident or Sulcide?

LIBRARY BUREAU A89516

Name in Full: Daniel F. Cameran

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Walkers (County): Balt

Date of death 1904: Month 7 Day 25 Age: Years 92 Months 10 Days 15

Sex: Male Color or Race: White Birthplace: Md

Married, Single or Widowed: Singles Occupation: Farmer

Name of Wife or Husband: — — —

Father's Name: Hugh Cameran Father's Birthplace: Md

Mother's Maiden Name: Sarah Walker Mother's Birthplace: Md

Name of person giving Information: Wm J. Cameran How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis How long: 10 days

Immediate: Cerebral Uremia How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R R Norris

Address: Parkton Md

Accident or Suicide? —

LIBRARY BUREAU A88318

Name in Full: Mrs Millie Campbell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White-Marsh County: Baltimore

Date of death: Month: July Day: 16 1904

Age: Years: 99 Months: Days:

Sex: Female

Color or Race: Negro White

Birthplace:

Occupation: House Keeper

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

66

CAUSES OF DEATH

Primary: Paralysis

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas Gilbert MD

Address: Balto Co White-Marsh Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full

Solomon Carmel

Certificate of Death

Died at Town: Bk Dmo. County: Batts. MARYLAND

Date 1904 Month: July Day: 1 | Age Y. 65 M. D. | Native of Russia | Occupation Rabbi

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ / Wife of Sarah Carmel

~~Father's~~ Name | ~~Mother's~~ Name

Cause of Death: Primary Arteri-Sclerosis

How long sick 2 yrs

Immediate Exhaustion.

Accident, Suicide, Homicide

Reported by Louis H. Gundry M D.

Address Pkay. Batts Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Max. Levinson.

Name in Full: Thomas Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at Town — Consumptive Hospital, County Balto

Date of death 1904 — Month 7 — Day 16 — Age: Years 57 — Months — Days

Sex: Male — Color or Race: White Irish — Birthplace: Ireland

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Ellen Carroll

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Miss Hoffman — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: One year

Immediate: Pulmonary Hemorrhage — How long: Ten minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H A Jarrell

Address: Towson, Md.

Accident or Suicide? No

LIBRARY BUREAU A58616

J. W. Lawson

901 Hollins St

Leigh

New Cathedral

Name in Full: Henry O Claggett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sheppard & Enoch Pratt Hosp. County: Balto

Date of death 190 4: Month: July; Day: 3; Years: Age 72; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Va.

Married, ~~Single~~ or Widowed: Wi; Occupation: None

Name of ~~Wife~~ or ~~Husband~~: Dead

Father's Name: Thomas N. Claggett.; Father's Birthplace:

Mother's Maiden Name: Nv; Mother's Birthplace:

Name of person giving Information: R. B Wildman; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis; How long: 1 Yr +

Immadiate: Exhaustion; How long: 1 Mt

Ara the name, age, sex, color, date and place correctly given above? Yes

Signatura of Physician: E M Brush

Address: 518 E Pk Ave Towson Md

PHYSICIAN OR CORONER

~~Accident~~ Suicide?

LIBRARY BUREAU A66516

Henry H. Hughlett & Sons
253 N. Saratoga St.
Leesburg Va

Name in Full: Rebecca Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middletown; County: Baltimore.

Date of death 190 4: Month: July; Day: 11

Age: Years: 57; Months: 8; Days: 1

Sex: Female; Color or Race: White; Birth-place: Pennsylvania

Married, Single or Widowed: Married; Occupation: House Wife.

Name of Wife or Husband: John Cooper Jr.

Father's Name: David Williams; Father's Birthplace: Pa.

Mother's Maiden Name: Annie Smith; Mother's Birthplace: Maryland

Name of person giving Information: Chas. Cooper; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

103

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis: Ulcer of Stomach.; How long: about 5 yrs.

Immediate: Not able to state; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas L. Gaylor.

Address: New Freedom, Pa.

Accident or Suicide? —

LIBRARY BUREAU ARBRIA

Name in Full: Sarah J. Cursey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baldwin — County: Baltimore

Date of death 1904 — Month: July — Day: 2 — Years Age: 57 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Charles Cursey

Father's Name: John Pocock — Father's Birthplace: Scotland

Mother's Maiden Name: Mary Hendricks — Mother's Birthplace: Pa

Name of person giving Imformation: Wm. Cursey — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Liver 40 — How long: One year

Immediate: " " " — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Wm. A. Green

Address: Gittings, Md.

Accident ~~or Suicide?~~

LIBRARY BUREAU A88818

Name in Full: William George Dahlor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fork; County: Baltimore

Date of death 1904: Month: July; Day: 27; Age: Years: 35; ~~Months~~; ~~Days~~

Sex: Male; Color or Race: White; Birthplace: Fork

Occupation: Farmer; Where Residing If not at ~~place of death~~:

Married, ~~Single or Widowed~~; Name of Wife ~~or Husband~~: Elie Dahlor

Father's Name: George Dahlor; Father's Birthplace: Germany

Mother's Maiden Name: Amanda Montgommery; Mother's Birthplace: Fork

Name of person giving Imformation: Amanda Dahlor; How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcohol & Classes; How long: few days.

Immediate: Intestinal Hemorrhage; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. F. Gorsuch

Address: Fork Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Inez V. Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Dickeyville — County: Baltimore

Date of death 1904 — Month: July — Day: 28th — Years: Age 5-7 years — Months: 3 Months — Days: 14

Sex: Male — Color or Race: White — Birthplace: Howard Co

Occupation: Child — Where Residing if not at place of death: Dickeyville

Married, Single or Widowed: Married — Name of Wife or Husband: Dixie A. Davis

Father's Name: Gaither Davis — Father's Birthplace: Jonestown

Mother's Maiden Name: Catherine Davis — Mother's Birthplace: Jonestown

Name of person giving information: Benjamin H. Davis — How related to deceased: Son.

106

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: 8 years

Immediate: Chronic Colitis — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smith

Address: Woodlawn Sta Md

Accident or Suicide? —

LIBRARY BUREAU A88316

Name in Full: Dinny Dawson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sparrows Point — County: Balt

Date of death: Month: 7 — Day: 13 — 1904 — Age: Years: 5 or 6. — Months — Days

Sex: Male — Color or Race: Negro — Birthplace: Md.

Occupation: None — Where Residing if not at place of death: Sparrow's Point,

Married, Single or Widowed — Name of Wife or Husband: —

Father's Name: John Dawson — Father's Birthplace: Va.

Mother's Maiden Name — Mother's Birthplace: Va

Name of person giving Imformation: Webb Thomas — How related to deceased: None

69

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epilepsy — How long: Since birth

Immediate: Epilepsy — How long: Few moments

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H W Woodward MD

Address: Sparrows Point Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Deford

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Brooklandville County: Balto County

Date of death 1904: Month July Day 25th

Age: Years Still born Months ✓ Days ✓

Sex: Female Color or Race: White Birthplace: Balto Co Md

Married, Single or Widowed: ✓ Occupation: ✓

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband: Thomas Deford

Father's Name: Thomas Deford Father's Birthplace: Balto City

Mother's Maiden Name: Beulah Deford Mother's Birthplace: Balto City

Name of person giving Information: Benj F Deford How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Toxaemia of Pregnancy How long: 8th month period

Immediate: " How long: Fetero-Gestation

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L E. Neale M D

Address: 108 E Read St

Accident or Suicide?

LIBRARY BUREAU A86816

Henry M. Jenkins & Sons Co

Funeral Directors

X 233 W Saratoga St

Place of Burial Green Mount Cemetery

26th July 04

Name in Full: Eugene Drummond

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Hope Retreat; County: Balto Co

Date of death: Month: July; Day: 6th; 1904

Age: Years: 35 yrs; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace:

Occupation: Son of Coal Agent

Where Residing if not at place of death: Baltimore Md.

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Records of Mt Hope

How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronic — How long: 10 yrs

Immediate: Ex. Pul. Tuberculosis. — How long: abt 5 or 6 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Balto Co Md.

Accident or Suicide?

LIBRARY BUREAU A883 16

Name in Full: Christian Dickmyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 6 dist. County: Balto

Date of death 1904: Month: July Day: 1

Age: Years: 79 Months: 4 Days: 27

Sex: Male Color or Race: White Birthplace: Germany

Married, Single or Widowed: Married Occupation: Farmer

Name of Wife or Husband: Barbary Baker

Father's Name: Friederich Dickmyer Father's Birthplace: Germany

Mother's Maiden Name: Dora Hauskin Mother's Birthplace: Germany

Name of person giving information: Harry Eckhardt How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis. How long: 3 weeks

Immediate: Heart Failure. How long: 12 hours

66

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo F Stone

Address: New Freedom Pa

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name In Full

Nina Althea Disney

Certificate of Death

Died at Town: Pleasant Hill County: Balto MARYLAND

Date 1904 Month: 7 Day: 6

Age Y.: 10 M.: 5 D.:

Native of

Occupation —

~~Male~~ / Female

White / Colored

~~Married~~ / Single

~~Widow~~ / Widower

~~Divorced~~

Number of children living

Husband of

Wife

Father's Name: Oliver H. Disney

Mother's Name: Mary E. High

Cause of Death — Primary: Cholera Infantum — How long sick: 5 days

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: Dr G. H. Buckley

Address: Pleasanton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79803

Attended by Dr. Beckley

of Princeton Md

Seen by Coroner _____

of _____

Information contained in this certificate received from Parents of Child-

No physician visited a few hours before death.

Name in Full: Sarah Ann Dohony

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington — County: Baltimore

Date of death: 1904 — Month: July — Day: 21. — Age: Years: 45 — Months: 5. — Days: 6

Sex: Female — Color or Race: white — Birthplace: Mt Washington Md

Occupation: housework — Where Residing If not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Nicholas Dohony — Father's Birthplace: Ireland

Mother's Maiden Name: Eliza Purcell — Mother's Birthplace: Ireland

Name of person giving Information: Miss Nora Dohony — How related to deceased: sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Obstruction — How long: 48 hours

Immediate: Peritonitis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William F Todd

Address: Mt Washington Md

Accident or Suicide: 2d District

LIBRARY BUREAU A88516

Name in Full: Ludwig Eirich

CERTIFICATE OF DEATH

MARYLAND

Died at 117 Newbury ave. Town Catonsville County Balto County

Date of death: Month July Day 25 Year 1904

Age: Years 73. Months — Days —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: White

Birthplace: Germany.

Occupation: Retired.

Where Residing if not at place of death:

Married, Single or Widowed: Married.

Name of Wife or Husband: Mary Anna Eirich

Father's Name: Mathias Eirich

Father's Birthplace: Hardheim

Mother's Maiden Name: Francis Eirich

Mother's Birthplace: Hardheim

Name of person giving Imformation: Mary Anna Eirich

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valv Dis of Heart

How long: 2 yrs

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. L. Mayfield M.D.

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Joseph. Steinbeck.
Light near Aston.

---

to be buried at
Holy Cross Cemetery.
Brooklyn A.A. Co Md.

Name in Full: Marie Feeser

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

Date of death 1904: Month: July; Day: 9th

Age: Years: —; Months: 6; Days: —

Sex: Female; Color or Race: White; Birthplace: Balto. Co. Md.

Married, Single or Widowed: single; Occupation: None

Name of Wife or Husband: —

Father's Name: Bernhard Feeser; Father's Birthplace: Germany

Mother's Maiden Name: Theresa Gricht; Mother's Birthplace: Germany

Name of person giving information: Bernhard Feeser; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 3 days

Immediate: Exhaustion; How long: 3 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Tyler M.D.

Address: 3 Aug Gough Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A88518

Sacred Heart Cemetery

July 11th 1904

Germanus Thanc

Undertaker

Name in Full: George E. Felter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death 190 4 — Month: 7 — Day: 7 — Age: Years: — Months: 11 — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: John Felter — Father's Birthplace: Baltimore

Mother's Maiden Name: Kate Hanhan — Mother's Birthplace: Baltimore

Name of person giving information: John Felter — How related to deceased: Father

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 days

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. L. Luckard M.D.

Address: 910 Canton St Baltimore Md

Accident or Suicide? No

LIBRARY BUREAU A88918

Balto Cemetery

Name in Full: Thomas Fenton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Park Heights ave — County: Baltimoore

Date of death: Month: July — Day: 17th — 1904

Age: Years — Months — Days: 30

Sex: Male — Color or Race: White — Birthplace: Rehoboth Del

Occupation: none — Where Residing if not at place of death: Parks Heights ave

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Matthew C Fenton — Father's Birthplace: Maryland

Mother's Maiden Name: Kariet Thomas — Mother's Birthplace: Pennsylvania

Name of person giving Information: Matthew C Fenton — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: since birth

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. D. Booker

Address: 208 W. monument.

Accident or Suicide?

LIBRARY BUREAU A88816

Greenmount

Cemetery

July 18, 1904.

Stewart & Mowen

215 Park Ave.

Name in Full: John B Fletcher

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Towson — County: Balto

Date of death: 1904 July 6 — Age: 66 Years — Months — Days

Sex: Male — Color or Race: (Col) — Birthplace: Md

Occupation: Lobourer — Where Residing if not at place of death: Towson

Married, Single or Widowed — Husband of Sara B Fletcher

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving information: Annie B Fletcher — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 24 hours

Immediate: Cardiac Asthenia — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Ruzelia Penn M.D.

Address: Towson Md

Accident or Suicide?

LIBRARY BUREAU A68816

John P. Beard
Jr.

Name in Full: William Waldo Frazier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hanovertte — County: Balt —

Date of death: July 1904 — Month: 7 — Day: 31st — ~~Age~~ ~~Years~~ ~~Six months~~ — Months: Six months — Days: —

Sex: Male — Color or Race: White — Birthplace:

Occupation: — — — — — Where Residing if not at place of death: Hanovertte

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Frazier — Father's Birthplace: Md

Mother's Maiden Name: Sultis — Mother's Birthplace: "

Name of person giving Information: — How related to deceased:

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: about 5 days

Immediate: Exhaustion — How long: — — —

Ara the name, age, sex, color, date and place correctly given above?

Signatura of Physician: H. L. Hobbs

Address: Randallstown Md

Accident or Suicide?

LIBRARY BUREAU Ad6516

Name in Full: Wilson D Frisby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poplar Heights — County: Balto

Date of death 190 4: Month: July — Day: 213

Age: Years: — Months: 5 — Days: 5

Sex: male — Color or Race: Colored — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: David Frisby — Father's Birthplace: md

Mother's Maiden Name: Eliz. Wilson — Mother's Birthplace: Md

Name of person giving Information: David Frisby — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 4 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Williams M.D.

Address: 410 S. Patterson Park Ave

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A83316

Name in Full: Helen Finlay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wayne Pl. — County: Balt Co.

Date of death 190: Month: July — Day: 16.

Age: Years: — Months: 11 — Days: —

Sex: Female — Color or Race: white — Birthplace: Wayne Pl —

Married, Single or Widowed: Single. — Occupation: —

Name of Wife or Husband: —

Father's Name: "Peter" Finlay —

Father's Birthplace: Germany

Mother's Maiden Name: Irene Stoltz —

Mother's Birthplace: Germany

Name of person giving information: Irene Stoltz —

How related to deceased: Mother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 8 days

Immediate: same — How long: 8 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Bowers Md

Address: 1229 Light St —

Accident or Suicide? ✓

LIBRARY BUREAU A66816

Name in Full: Bernard Funk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highland Town — County: Baltimore

Date of death 1904: Month: July — Day: 12th — Years: Age 1 — Months — Days —

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: single — Occupation: None

Name of Wife or Husband:

Father's Name: Michael Funk — Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Funk — Mother's Birthplace: Md

Name of person giving In formation: Michael Funk — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum. — How long: 1 week

Immediate: Exhaustion. — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J C Schofield

Address: Highland Town

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A89016

Sacred Heart - Cemetery

July 14 = 1904

Germanus Franz

Undertaker

Name in Full: Charles Gallagher

CERTIFICATE OF DEATH

Died at Town: St. Agnes' Hospital County: Balto. MARYLAND

Date of death 1904 Month: July Day: 4 Age Years: 24 Months: Days:

Sex: Male Color or Race: White Birthplace: Baltimore

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

27

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis How long: 6 mos.

Immediate: Exhaustion How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. O'Mara, M.D.

Address: St. Agnes' Hosp. Cor. Caton & Gilmor Sts. Balto. Md.

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: Frank E. Gambrill

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Spuns Point — County: Baltimore

Date of death 1904 — Month: July — Day: 12

Age — Years: — Months: 4 — Days:

Sex: Male — Color or Race: White — Birthplace: Spuns Point

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm B. Gambrill — Father's Birthplace: Maryland

Mother's Maiden Name: Mary E. Kelly — Mother's Birthplace: Maryland

Name of person giving In formation: Wm B Gambrill — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

105

CAUSES OF DEATH

Primary: Ileo-Colitis. — How long: Six days

Immediate: Exhaustion. — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eleud M.D.

Address: Spuns Point.

Accident or Suicide?

LIBRARY BUREAU A3861G

Name in Full: Frederick L. Gaus

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Hope Retreat County: Baltimore

Date of death: Month July Day 17th 1904 Age: Years 41 Months Days

Sex: Male Color or Race: White Birthplace: Penna.

Occupation: Clerk. Where Residing if not at place of death: Baltimore Md

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Recds Mt Hope Retreat How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mania Chronic. How long: 17 yrs

Immediate: Obstruction of Bowels How long: abt 10 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Roland Gardner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: West Liberty; County: Baltimore

Date of death 1904: Month: July; Day: 22

Age: Years: 2; Months: 7; Days: 7

Sex: Male

Color or Race: African

Birthplace: Balto. Co. Md

Married, Single or Widowed:

Occupation:

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband:

Father's Name: George Gardner

Father's Birthplace: Balto Co. Md

Mother's Maiden Name: Bertha Cora Wilson

Mother's Birthplace: Balto. Md

Name of person giving information: Bertha Cora Gardner

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma 97

How long: 24 hours

Immediate: Suffacation

How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Dr Wilson Dunnick

Address: Stewartstown, Pa.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Cora E Garman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Balto.

Date of death: 1904 Month: July Day: 23

Age: Years: 47 Months: 7 Days: 8

Sex: Female

Color or Race: white

Birthplace: Balto. city.

Occupation: School Teacher

Where Residing if not at place of death: Govanstown

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph W Garman

Father's Birthplace: Troy, N.Y.

Mother's Maiden Name: Nannie Moody.

Mother's Birthplace: Milton, Pa

Name of person giving Information: Emily C Lafferty

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Nephritis

How long: 1 mo 3 days

Immediate: Uraemia

How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. C. Hess M.D.

Address: Sta H (Govans) Balto, Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A88515

William Cook undertaker.
50 & 52 North Ave
Burial place Lauden Park
July 26/904

Name in Full: Bertha Viola Gorman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Balto

Date of death: Month: July; Day: 17; 1904

Age: Years: 5; Months: 7; Days: 24

Sex: Female; Color or Race: White; Birthplace: Hampden

Occupation: Child; Where Residing if not at place of death: Pikesville

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Wm H. Gorman; Father's Birthplace: Maryland

Mother's Maiden Name: Mary V. Engo; Mother's Birthplace: Maryland

Name of person giving Information: Wm H. Gorman; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis; How long: 2 weeks

Immediate: Acute Meningitis; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Emmich

Address: Woodlawn Sta Md.

Accident or Suicide? —

LIBRARY BUREAU A69516

Name in Full: Bertha Giesel B

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Baltimore

Date of death: Month: July; Day: 20; 1904

Age: Years: 7 mts.; Months: —; Days: —

Sex: Female

Color or Race: W White

Birthplace: Baltimore

Occupation: —

Where Residing if not at place of death: 328 First St

Married, Single or Widowed: S.

Name of Wife or Husband: —

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information:

How related to deceased:

1905

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: a week

Immediate: Asthenia — How long: a few days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. L. Burke M.D.

Address: 2220 Monnell St

Accident or Suicide?

LIBRARY BUREAU A86016

St Mathai

July 21st 1904

St Nicolaus & Son

1820 Easton Ave

Name in Full: Thomas Fitz Gibbons

CERTIFICATE OF DEATH

MARYLAND

Died at Consumptive Hospital, Town — County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Age	Years	Months	Days
	7	20		40		

Sex: Male

Color or Race: White

Birthplace: New York

Married, Single or Widowed: Married

Occupation: Telegraph Operator

Name of Wife or Husband: Unknown

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: Miss Hoffman

How related to deceased: none

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Two years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H S Jarrell

Address: Edwards, Md.

Accident or Suicide? no

LIBRARY BUREAU A66816

John Burns · Sons

Elmyra

New York

Name in Full

Certificate of Death

Nancy Susan Gore

Died at Town Beckleysville County Baltimore MARYLAND

Date 1904 Month 7 Day 11 | Age Y. 29 M. 3 D. 25 | Native of Beckleysville | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living one

Husband of Wife Charles E Gore

Father's Name Jacob H. Shearer Mother's Maiden Name Sarah E Swam

Cause of Death — Primary: Tuberculosis — How long sick: 15 months

Immediate: Heart Failure — Accident, Suicide, Homicide

Reported by Husband

Address Beckleysville Ark Preadon M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: August Gottschalk

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Winans — County: Balto

Date of death 1904: Month: 7 — Day: 22 — Age: Years: 44 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Barber — Where Residing if not at place of death: Mt Winans

Married, Single or Widowed — Name of Wife or Husband: Sophia Gottschalk

Father's Name: Henry Gottschalk — Father's Birthplace: Germany

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Sophie Gottschalk — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption (Bright's Disease) — How long

Immediate: Dysentery — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A88816

John C. Stevens.

Elkridge

Md

Name in Full: Green

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Winans — County: Balto

Date of death 1904 — Month: 7 — Day: 29

Age — Years: — Months: — Days: 12

Sex: Male — Color or Race: Colored — Birthplace: Md.

Married, Single or Widowed: — Occupation: Infant

Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Carrie Green — Mother's Birthplace: Md

Name of person giving In formation: Sarah Pembroke — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infantile Convulsions — How long: 1 Day

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: August W Miller

Address: Mt. Winans Coroner

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU

Name In Full

Certificate of Death

Henry Gundy

Town

County

Died at

MARYLAND

Date 1904 Month July Day 5 | Age Y. 5 M. 7 D. 8 21 | Native of Va. | Occupation Laborer

~~Male~~ ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

~~Wife~~ Husband of Esther Gundy

Father's Name Solomon Gundy | Mother's Name Lucy Gundy

Cause of Death — Primary: Sunstroke — Dysentery | How long sick 11 days

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by J. Williams M.D.

Address 410 S. Pat- [redacted] terson Pk. Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79588

Attended by Dr. J. M. Williams

of 410 S. Patterson Pk. Ave

Seen by Coroner

of

Information contained in this certificate received

from

of

Will be buried in Asbury Evergreen Cemetery, Baltic County

Name in Full: Saphia Hamidy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ellicott City — County: Balto.

Date of death 1904: Month: July — Day: 26th — Age: 44 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md.

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Rachel Hamidy

Father's Name: Samuel Johnson — Father's Birthplace: Md.

Mother's Maiden Name: Nancy Barnes — Mother's Birthplace: Md

Name of person giving Information: Rachel Hamidy — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Cerebro-Spinal Meningitis — How long: 10 days

Immediate: Asthenia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L L Jennings M.D.

Address: Ellicott City. Md.

Accident or Suicide?

LIBRARY BUREAU A48318

Name in Full: George Hajostek

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto

Date of death 1901: Month 7 — Day 22 — Age: Years 3 — Months — Days —

Sex: Male — Color or Race: White — Birthplace: Michigan

Occupation: None — Where Residing if not at place of death: 1402 Fourth St

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Steve Hajostek — Father's Birthplace: Austria Hungary

Mother's Maiden Name: Annie Lukotz — Mother's Birthplace: Austria Hungary

Name of person giving In formation: Steve Hajostek — How related to deceased: Father

1906

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: One week

Immediate: Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. L. Truax

Address: 3 and Gough Sts Highlandtown Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Amelia M Hart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Walthorpe — County: Balto

Date of death 1904 — Month: July — Day: 31 — Age: Years: 85 — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: N. Y.

Occupation: — Where Residing if not at place of death:

~~Married, Single~~ or Widowed — Name of Wife or Husband: Wm Hart

Father's Name: X — Father's Birthplace:

Mother's Maiden Name: X — Mother's Birthplace:

Name of person giving Information: Wm H. White — How related to deceased: grand Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 10 Weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W B. Hall

Address: Ast Miss

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Hannah Jane Heacock

Town: Diamond Ridge County: Balto

Died at MARYLAND

Date 1904 Month July Day 20 | Age Y. 75 M. D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 9

Husband / Wife of —

Father's Name Thomas Hartley

Mother's Maiden Name Edith Kenney

Cause of Death: Primary — Valvular heart disease — How long sick 18 months

Immediate — Hemiplegia

~~Accident, Suicide, Homicide~~

Reported by J. Tasney Wallenmeyer M. D

Address Alberton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Cora A. Headley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton — County: Balto.

Date of death 190: Month: July — Day: 10

Age: Years: — Months: 2 — Days: 22

Sex: Female — Color or Race: white — Birthplace: Balto. Co.

Married, Single or Widowed: S — — Occupation: none

Name of Wife or Husband: —

Father's Name: Georgs. A. Headley — Father's Birthplace: Va.

Mother's Maiden Name: Annie V. Headley — Mother's Birthplace: A.A.Co. Md.

Name of person giving In formation: Geo. A. Headley — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 mos.

Immediate: Asthenia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. J. McAvoy M.D.

Address: 839 S. Caton Ave

Accident or Suicide?

LIBRARY BUREAU A85516

Mt. Carmel

July 12-04

Zinkel & Zinkel

Name in Full: Jno William Alfred Heinsius

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Graustown; County: Baltimore

Date of death: 1904 July 26

Age: 68 Years — Months — Days 6

Sex: Male

Color or Race: White

Birthplace: Germany

Occupation: Book Keeper

Where Residing if not at place of death: Graustown

Married, ~~Single or Widowed~~: Name of Wife or ~~Husband~~: Marie Heinsius

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Bode Heinsius — Father's Birthplace: Germany

Mother's Maiden Name: Augusta Plate — Mother's Birthplace: Germany

Name of person giving Information: Mrs. Louise Schwarz — How related to deceased: Neice

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 1 Year

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. G. Duncan

Address: Graustown Md

~~Accident or Suicide?~~

LIBRARY BUREAU A68015

Andrew Rohde Jr
730 Penna Ave

Baltimore Md

Name in Full: Koslin, Margaret

CERTIFICATE OF DEATH

MARYLAND

Died at: Lealtonsville (Town) Balto. (County)

Date of death 1904 July 26 (Month, Day)

Age: 75 (Years, Months, Days)

Sex: Female

Color or Race: White

Birthplace: Maryland.

Occupation: None

Where Residing if not at place of death: X

Married, Single or Widowed: Single

Name of Wife or Husband: X

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving Information: X

How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

29

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dementia — How long: 3 yrs.

Immediate: Pulmonal Tuberculosis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ross Nade.

Address: Lealtonsville

Accident or Suicide? No.

LIBRARY BUREAU A66616

Name in Full: Carl Stilberg

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto.

Date of death 190 4: Month: July — Day: 18

Age: Years: 1 — Months: 9 — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Peter Stilberg — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Greif — Mother's Birthplace: Germany

Name of person giving information: Christin Miller — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: 2 days.

Immadiate: Convulsions — How long: 2 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. A. Glantz, M.D.

Address: 41 Eastern Ave.

Accident or Suicide?

LIBRARY BUREAU A88516

Christian Miller
3334 Jefferson st
Mount Carmel Cemetary

Name in Full: James E. Hill

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hillsville — County: Balto

Date of death 1901 — Month: 7 — Day: 13 — Age — Years: 4 — Months: — Days: 15

Sex: Male — Color or Race: Colored — Birthplace: Hillsville

Married, Single or Widowed — Occupation

Name of Wife or Husband: X

Father's Name: Elsworth Hill — Father's Birthplace: Balto

Mother's Maiden Name: Sarah Compton — Mother's Birthplace: Md

Name of person giving information: Elsworth Hill — How related to deceased: Father

179

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. Hall

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Mrs Lelora E Hemeng

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Balto

Date of death 1904: Month: 7; Day: 22

Age: Years: 48 4; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Baltimore Md

Married, Single or Widowed: Married

Occupation: Home Wife

Name of Wife or Husband: Wm Hemeng

Father's Name: Henry E Spurrier

Father's Birthplace: Md

Mother's Maiden Name: Isabel Peacock

Mother's Birthplace: "

Name of person giving information: H. L. Warner

How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: a year or more

Immediate: Uraemic Eclampsia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W P E Nye

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A85516

Burg at Stone Chapel

Jacob H. Kropf.

Name in Full: Charles H. Hinds (M.P.)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: Month: July; Day: 28; Year: 1904; Age: Years: 54; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Baltimore

Occupation: Sailor; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Rachel Hinds

Father's Name: Wm S. Hinds; Father's Birthplace: Delaware

Mother's Maiden Name: McKinsey; Mother's Birthplace: —

Name of person giving Information: Reed Mt Hope; How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Mania — 18 68; How long: 19 yrs.

Immediate: Exhaustion — ; How long: 6 wks.

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat, Mt Hope Md

Accident or Suicide? —

LIBRARY BUREAU A88818

Name in Full: John Wm. Hinks

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) West Baltimore (County) Baltimore

Date of death: 1904 Month 7 Day 10

Age: Years — Months 8 Days 2

Sex: Male

Color or Race: White

Birthplace: West Balto

Occupation:

Where Residing if not at place of death: West Balto

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: John T. Hinks

Father's Birthplace: Md

Mother's Maiden Name: Linda M. Davis

Mother's Birthplace: Md

Name of person giving In formation: John T. Hinks

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 8 Days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. B. Hall

Address: 1118 Mirsus

~~Accident or Suicide?~~

LIBRARY BUREAU A88618

Name in Full: Mrs. Josephine A. Hodges

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govans; County: Balto Co

Date of death 1904: Month: July; Day: 4; Age: Years: 44; Months: 11; Days: 24

Sex: Female; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed: Married; Occupation:

Name of Wife or Husband: James Hodges

Father's Name: Henry M. Rath; Father's Birthplace: Do not know

Mother's Maiden Name: Susan Ann Rolls; Mother's Birthplace: Do not know

Name of person giving information: J. H. Teackle; How related to deceased: Grandchild

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age; How long: Six months

Immediate: asthenia; How long: Some

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Streett MD

Address: 712 Park ave Baltimore Md

Accident or Suicide? Neither

LIBRARY BUREAU A8881S

1904
73

1829 - July 28th

74 yr 11 mos 24 days

Died July 4 / 1904

Henry W. Jenkens & Sons Co
Howard & Saratoga St.
Greenmount.
July 6th 1904

Name in Full: John Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Middle River — County: Balto

Date of death: Month: July — Day: 17 — 1904

Age: Years: about 28 — Months: 10 yrs — Days: —

Sex: male — Color or Race: white — Birthplace: Md

Occupation: Driver — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowned — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [redacted]

Address: Williams Glen Md

Accident or Suicide? No

Coroner

LIBRARY BUREAU A88816

Name in Full: Sarah Aurbel Hubbard

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Balto

Date of death 1904 — Month: July — Day: 7th — Age: Years — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: Balto Co.

Married, Single or Widowed: Single — Occupation: none

Name of Wife or Husband:

Father's Name: John Hubbard — Father's Birthplace: Balto Md.

Mother's Maiden Name: Aurbel Connelly — Mother's Birthplace: Balto Md

Name of person giving Information: John Hubbard — How related to deceased: Father

1057

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 7 days

Immediate: Exhaustion — How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Rath M.D.

Address: 2005 Eastern ave

Accident or Suicide? —

LIBRARY BUREAU A88516

Germanus France

Holy Cross Cemetery

July 8th 1904

Name in Full: Levi Hunt-

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson — County: Balto

Date of death 1904: Month: July — Day: 22- — Age: Years: 78 — Months — Days

Sex: Male — Color or Race: white — Birthplace: Balto.

Married, Single or Widowed: Single — Occupation: Farmer

Name of Wife or Husband: ~~Single~~ widow

Father's Name: Carl Caleb Hunt- — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: William Hunt- — How related to deceased: Nephew.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's disease — How long: 2 yrs

Immediate: Cardiac Asthenia — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Ruyslin Brem M.D.

Address: Towson Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66516

John Burns Sons

St. James Cem

Name in Full: Agnes Judy. (Now Judy)

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Spanish Point; County: Brk

Date of death: Month: 7; Day: 14; Year: 1904

Age: Years: —; Months: —; Days: 6

Sex: Female; Color or Race: white; Birthplace: Spanish Point

Occupation: none

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Wm Judy; Father's Birthplace: Penn

Mother's Maiden Name: Tilly Clarke; Mother's Birthplace: Md.

Name of person giving Imformation: Wm Judy; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition; How long: 6 days

Immediate: Exhaustion; How long: 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J M Woodcock M.D.

Address: Spanish Point Md.

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Christian H. Kacher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton. County: Balto.

Date of death 1904: Month: July. Day: 31st. Age: Years: 74. Months: 5. Days: 7.

Sex: Male. Color or Race: White. Birthplace: Baltimore

Married, Single or Widowed: Married. Occupation: Butcher

Name of ~~Wife or Husband~~: Christina Kacher

Father's Name: —. Father's Birthplace: —

Mother's Maiden Name: —. Mother's Birthplace: —

Name of person giving information: Christina Kacher. How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cirhosis of liver 1/2. How long: about 4 months

Immediate: dropsy —. How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Schwerdt

Address: 1073 Canton St.

Accident or Suicide? —

LIBRARY BUREAU A68310

H. Sander & Sons

Mt Carmel Cemetery

Aug

Name in Full: Henry Kahl

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perry Hall — County: Baltimore

Date of death 1904: Month: 7 — Day: 22

Age: Years: 47 — Months: 6 — Days: 3

Sex: Male — Color or Race: W — Birthplace: Md

Married, ~~Single~~ or Widowed — Occupation: Farmer

~~Name of Wife~~ Husband: Barbara Kahl

Father's Name: Valentine Kahl — Father's Birthplace: Germany

Mother's Maiden Name: Margaret Gustner — Mother's Birthplace: " "

Name of person giving information: Barbara Kahl — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral Insufficiency — How long: Several years.

Immediate: Failure Compensation - Exhaustion — How long one Week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Lingard A. Dehuff

Address: Fullerton, Md.

~~Accident or Suicide~~

LIBRARY BUREAU A88516

St Joseph

Name in Full: Kalb, John A.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto.

Date of death: Month: July; Day: 4; 1904

Age: Years: 37; Months; Days

Sex: Male.

Color or Race: White

Birthplace: Maryland.

Occupation: Tailor

Where Residing if not at place of death: x

Married, Single or Widowed: Single

Name of Wife or Husband: x

Father's Name: John Kalb

Father's Birthplace: Germany

Mother's Maiden Name: x

Mother's Birthplace: Germany

Name of person giving information: x

How related to deceased: x

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dementia — How long: 10 yrs.

Immediate: Pulmonary Tuberculosis — How long: 2 yrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ray Nuse

Address: Catonsville

Accident or Suicide? No.

LIBRARY BUREAU A99516

Name in Full: Michael A. Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hospital; County: Balto.; MARYLAND

Date of death: Month: July; Day: 31; Year: 1904; Age: Years: 60; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Baltimore

Occupation: Actor; Where Residing if not at place of death: 516 N. Charles

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Michael Kennedy; Father's Birthplace: Ireland

Mother's Maiden Name: Rosanna; Mother's Birthplace:

Name of person giving information: Miss Mary Kennedy; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophic Cirrhosis of Liver; How long:

Immediate: Cardiac Asthenia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Hubert Richardson M.D.

Address: 819 Park Ave

Accident or Suicide? No

LIBRARY BUREAU A88516

Bonnie Bray

Name in Full: Anna L. King

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brien near Relay County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: July	Day: 14	Age: Years 22	Months 2	Days 8
Sex: Female	Color or Race: White		Birthplace: Md		
Married, Single or Widowed: Single	Occupation: —				
Name of Wife or Husband					
Father's Name: John R. King			Father's Birthplace: Md		
Mother's Maiden Name: Annie M. Snyder			Mother's Birthplace: Md		
Name of person giving In formation: John R. King			How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis.		How long several years.
Immediate: Asthenia		How long especially marked 4 days.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Thomas R Brown	
	Address: 1033 Cathedral St. Baltimore Md.	
Accident or Suicide? No		

LIBRARY BUREAU A88316

Name in Full: Wallace King

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Washington — County: Baltimore

Date of death: Month: July — Day: 25th — Year: 1904

Age: Years: 69 — Months: 7 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

Occupation: Merchant — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mrs. Rebecca King

Father's Name: John King — Father's Birthplace: Baltimore Md

Mother's Maiden Name: Hester Stoffer — Mother's Birthplace: " "

Name of person giving information: Rebecca E. King — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Failure — How long: Six Months

Immediate: Collapse from diarrhea — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles G. Hill

Address: Arlington Md

Accident or Suicide?

LIBRARY BUREAU A88516

Stewart T. Mowen
Baltimore Md

Name in Full: William Kirkwood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shane; County: Baltimore

Date of death 1904: Month: July; Day: 4

Age: Years: 68; Months: 7; Days: 1

Sex: male; Color or Race: white; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Farmer.

Name of Wife ~~or Husband~~: Sophronia Anderson

Father's Name: William Kirkwood; Father's Birthplace: Maryland

Mother's Maiden Name: Dorcas Sutton; Mother's Birthplace: Maryland

Name of person giving In formation: Clinton Kirkwood; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis & Cystitis; How long: Two years

Immediate: Uraemia; How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Millard Stirling

Address: Shane, Balto Co, Md.

~~Accident or Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Margaret L. Klueber

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Balto

Date of death: Month: 7 — Day: 13 — Year: 1904

Age: Years: — Months: 2 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Balto. Co.

Occupation: none — Where Residing if not at place of death: 3424 E. Balto St.

Married, Single or Widowed: - — Name of Wife or Husband: -

Father's Name: George J. Klueber — Father's Birthplace: Balto

Mother's Maiden Name: Lillie L. Hentrits — Mother's Birthplace: " "

Name of person giving Information: George Klueber — How related to deceased: Father

CAUSES OF DEATH

Primary: Cholera Infantum — How long: Two days

Immediate: Exhaustion — How long: one day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. C. Strendling

Address: 1509 E. Eager St. Balto City

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Battle Centerpiece

Herwig & Son

July 15/04

Name in Full: Julius B. Krauch

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pikesville — County: Baltimore

Date of death: 1904 — Month: 7 — Day: 17 — Age: Years 42 — Months 8 — Days 15

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Carpenter — Where Residing if not at place of death: —

Married, ~~Single~~ Widowed — Name of Wife or ~~Husband~~: Mary E. Krauch

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: John Wright - 27 — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phisis Pulmonalis — How long: 7 months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Naylor

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A8S516

Name in Full: Lena E. Kroh

CERTIFICATE OF DEATH

MARYLAND

Died at Parkton Balt

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 7	Day: 9	Years: 43	Months: 6	Days: 27

Sex: Female | Color or Race: White | Birthplace: Eklo Balto

Married, Single or Widowed: Married | Occupation: Housewife

Name of Wife or Husband: Clarence H Kroh

Father's Name: John E Bull | Father's Birthplace: Balto

Mother's Maiden Name: Amanda Hampshy | Mother's Birthplace: -

Name of person giving information: Clarence Kroh | How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: acute Nephritis | How long: 2 weeks

Immediate: Cerebral Uraemia | How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: R R Norris M D.

Address: Parkton Md

Joseph D. Baldwin M.D. Freeland Md

~~Accident or Suicide?~~

Yes

LIBRARY BUREAU A6884

Name in Full: Maggie Kujawa.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt. Carmel Road. County: Balto

Date of death 1904: Month: July; Day: 4; Age — Years: —; Months: 2; Days: 14

Sex: Female; Color or Race: White; Birthplace: Balto. Co. Md.

Married, Single or Widowed: Single; Occupation: Infant

Name of Wife or Husband:

Father's Name: Frank Kujawa. Father's Birthplace: Germany.

Mother's Maiden Name: Jozefa Zigaj. Mother's Birthplace: " "

Name of person giving In formation: Frank Kujawa. How related to deceased: Parents

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diarrhoea. How long: 2 days

Immediate: Convulsions. How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. W. Lahmeyer M D

Address: 107 E Canton St

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A68816

M. F. Sadowski
Under Taboo

Holy Rosary Cemetery

Name in Full: John J. Lafferty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Balto.

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904: Month: July; Day: 25; Age: Years: 40; Months: 8; Days: 0

Sex: Male; Color or Race: White; Birthplace: Balto. Co.

Occupation: Regular Alarm Inspector; Where Residing if not at place of death: Govanstown

Married, Single or Widowed: Married; Name of Wife or Husband: Emily C Lafferty

Father's Name: Murdock Lafferty; Father's Birthplace: Ireland

Mother's Maiden Name: Not Known.; Mother's Birthplace:

Name of person giving information: Emily C Lafferty; How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miliary Tuberculosis; How long: 5 months

Immediate: Exhaustion; How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. C. Yoes M.D.

Address: Sta. 1. Govans, Baltimore

Accident or Suicide?

LIBRARY BUREAU A88016

Burial at St Marys Cemetery
Gouverneur
July 28/904.
Wm Cook undertaker

Name in Full: Helen Landon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson — County: Balto.

Date of death: 1904 — Month: July — Day: 6 — Age: Years — Months: 4 — Days: 15

Sex: female — Color or Race: (Col) — Birthplace: Md.

Occupation: Infant — Where Residing if not at place of death: Towson

~~Married~~, Single or Widowed — Name of ~~Wife or Husband~~

Father's Name: Grant Landon — Father's Birthplace: Penna.

Mother's Maiden Name: Edith Taylor — Mother's Birthplace: Md.

Name of person giving information: Grant Landon — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronch-Pneumonia — How long: 48 hours

Immediate: Cardiac Asthenia — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. Guy Elon Green M.D.

Address: Towson Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Frank London
aged,
Sandy Bottom
Calvert County

Name in Full: Marie Eliz Langenfelder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rosedale — County: Balto

Date of death 190[illegible]: Month: July — Day: 21 — Age: Years: — Months: 3 — Days: 14

Sex: female — Color or Race: White — Birthplace:

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Jno Langenfelder — Father's Birthplace:

Mother's Maiden Name: Eliz V Bandenfeelder — Mother's Birthplace:

Name of person giving In formation: " " — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infl — How long: 6 days

Immediate: Convulsions — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Cox MD

Address: Gardenville Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Annie Laumann

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Oella — County: Baltimore

Date of death: Month: July — Day: 29 — 1904

Age: Years: about 64 (?) — Months — Days

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: House keeper — Where Residing if not at place of death: Oella

Married, Single or Widowed: Widowed — Name or Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

23

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hydrophobia — How long: 3 Days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. H. B. Raymond M.D.

Address: Oella Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Frederick Leist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roland Park — County: Baltimore

Date of death 1904: Month: July — Day: 27 — Age: Years: 66 — Months: 4 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Office Manager (Wholesale Trade)

Name of Wife or Husband: Lydia H. Bickman

Father's Name: Frederick Leist — Father's Birthplace: Magdeburg

Mother's Maiden Name: not known — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Liver — How long: 2 years.

Immediate: Pneumonia — How long: 3 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter

Address: Roland Park Md.

Accident or Suicide? No.

LIBRARY BUREAU A88818

Ticknor & Sons

Name in Full: Viola Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: July; Day: 8

Age: Years: 1; Months: 11; Days: 12

Sex: Female; Color or Race: Colored; Birthplace: Baltimore Co

~~Married, Single or Widowed~~

Occupation: None

Name of Wife or Husband:

Father's Name: Wm H Lewis; Father's Birthplace: Va

Mother's Maiden Name: Ida Craig; Mother's Birthplace: Va

Name of person giving Information: Mrs Ida Lewis; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: Life

Immediate: "; How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. L. Reykard M.D.

Address: 210 S. Canton St Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Edward Bryan

Asbury Seminary

Bach. Ed

Name in Full: John Lippincott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dulaneys Valley; County: Baltimore

Date of death: Month: July; Day: 13; 1904

Age: Years: 72; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Pa.

Occupation: Retired

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife ~~Husband~~: Rebecca Lippincott nee Peirce

Father's Name: Jesse Lippincott

Father's Birthplace: Pa

Mother's Maiden Name: Catherine Bridenthal

Mother's Birthplace: Pa

Name of person giving information: Edwd. Lippincott

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Brights disease — How long: about 1 year

Immediate: Brights — How long: —

1120

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. S. Green M.D.

Address: Gittings

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Dorothy Little

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death 1904 — Month: July — Day: 31 — Age — Years: 28 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: music teacher — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: Benj. F. Little — Father's Birthplace: N. Ca.

Mother's Maiden Name: Emma S. Bushfield — Mother's Birthplace: N. Ca.

Name of person giving Information: J. H. Fregoe — How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: acute mania — How long: 3 weeks

Immediate: Exhaustion from Mania — How long: few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Rushmore White

Address: Catonsville Md

~~Accident~~ or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Clarence Lowman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lansdowne — County: Baltimore

Date of death 190 4 — Month: July — Day: 17 — Age: Years — Months — Days: 21

Sex: Male — Color or Race: White — Birthplace: Balt. Co

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: William D. Lowman — Father's Birthplace: A.A. Co Md

Mother's Maiden Name: Mary A. Chalk — Mother's Birthplace: Prince Geo. Co Md

Name of person giving information: William D. Lowman — How related to deceased: father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ignition. — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank H. Kuhl

Address: Lansdowne. Md.

Accident or Suicide?

LIBRARY BUREAU A89616

Name in Full: Clarence A. McFatridge

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ashland — County: Balto.

Date of death: Month: July — Day: 13 — 1904

Age: Years: 24 — Months: 3 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Engineer — Where Residing if not at place of death: Chestnut ridge

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: George McFatridge — Father's Birthplace: Ireland

Mother's Maiden Name: Emma Seitz — Mother's Birthplace: Switzerland

Name of person giving Information: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Six Months

Immediate: Laryngeal Ulceration Occlusion — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. H. Thompson - Ind

Address: Phoenix - Ind

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full - Isarel McKinzer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Ella (County) Baltimore

Date of death (Month) July (Day) 13 1904 (Years) Age 74 (Months) — (Days) —

Sex Male Color or Race White Birthplace Maryland

Occupation Plaster Where Residing if not at place of death Ella

Married, Single or Widowed Married Name of Wife or Husband Ann V. McKinzer

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information 64 How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cerebral Hemorrhage How long One day

Immediate Paralysis How long one Month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician T. J. Payne

Address Ellicott City, Md

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Benjamine Jones MacKenzie

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Govanstown — County: Balto Co

Date of death: Month: July — Day: 8 — 1904

Age: Years: 15 — Months: 2 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Balto city

Occupation: Scholar — Where Residing if not at place of death: Govanstown Md

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Samual MacKenzie — Father's Birthplace: Ellicot city

Mother's Maiden Name: Clara Smith — Mother's Birthplace: Balto city

Name of person giving information: Samuel MacKenzie — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Incompetency + Dilatation — How long: 10 months

Immediate: Loss of Compensation — How long: 3 months.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H O Hess MD

Address: Sta. H. (Govans) Baltimore. Md.

Accident or Suicide? no

LIBRARY BUREAU A66816

Christian Miller
2334 Jefferson st
Mt Olivet Cemetary
July 11 - 1904

Name in Full: Lena Mackut

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rossville — County: Balto

Date of death — Month: July — Day: 4 — Years: 5 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Balto

Occupation: — Where Residing if not at place of death: Balto Co.

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John Mackut — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Imformation: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pulmonary Tuberculosis — How long: 2 Mo

Immediate: Heart Failure — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. V. Mace

Address: Rossville Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Charles Madden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rossville; County: Balto.

Date of death: Month: July; Day: 16; 1904

Age: Years: 35; Months: 10; Days: 22

Sex: Male

Color or Race: White

Birthplace: Balto

Occupation: Painter

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Jennie Madden

Father's Name: J. J. Madden

Father's Birthplace: Balto

Mother's Maiden Name: Margaret Brown

Mother's Birthplace: Balto

Name of person giving Imformation: Jennie Madden

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. N. Athey

Address: 2 Hudson Pet Mkt

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Reinhard A. Martins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Baltimore

Date of death 190 4 — Month: 7 — Day: 22 — Age — Years: 2 — Months: 1 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Balto Md

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: Charles L. Martins — Father's Birthplace: Balto Md

Mother's Maiden Name: Emma Bellman — Mother's Birthplace: Balto Md

Name of person giving information: Charles L. Martins — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 4 weeks

Immediate: Convulsions — How long: 8 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M. J. McAvoy MD

Address: 839 S. Caitlin St.

Accident or Suicide?

LIBRARY BUREAU A56516

H Sander & Son

Mt Carmel County,

July 24 –

Name in Full: Robert Matthews.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Catonsville County: Balto

Date of death 1904 Month: July Day: 24 Age Years: 50 Months: — Days: —

Sex: Male Color or Race: Colored Birthplace: Catonsville

Occupation: Barber Where Residing if not at place of death: Catonsville

Married, ~~S~~ or ~~Widowed~~ Name of Wife or ~~Husband~~: Addie Matthews.

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Matthews Father's Birthplace: Howard Co

Mother's Maiden Name: Rachel Todd Mother's Birthplace: " "

Name of person giving Imformation: (Son) Robert Matthews Jr. How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 3 yrs

Immediate: Asthenia How long: 2 wks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marshall B West

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Towson — County: Baltimore

Date of daath 1904 — Month: July — Day: 26

Age — Years: — Months: — Days: 5

Sax: Male

Color or Race: White

Birth-Place: Towson

Married, Single or Widowed: —

Occupation: —

Name of Wifa or Husband: —

Father's Nama: Henry Mattingly — Father's Birthplace: Charles Co. Md

Mothar's Maidan Nama: Grace Adair McKee — Mother's Birthplace: Maryland

Name of person giving In formation: H. Mattingly — How related to deceasad: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Difficult birth — How long: —

Immediate: Convulsions — How long: all life

Ara the nama, age, sex, color, date and placa correctly given above? Yes

Signature of Physician: C. H. Duncan

Address: Govans town Md

Accident or Suicide? —

LIBRARY BUREAU A88616

E. A. Wiedefeld jr.
2113 Greenmount Ave

Name in Full: Conrad Mattson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto Co

Date of death 1904: Month: July; Day: 27

Age: Years: 22; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Norway

Married, Single or Widowed: Single

Occupation: Sailor

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Ralph Levy

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning

How long: —

Immediate: Accidental Drowning

How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~ Coroner: John G Mueller

Address: 316 O'Donnell St

Balto Co Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Annie Metzger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown County: Balto

Date of death: Month: 7 Day: 11 Years: 54 Months: Days:

Sex: Female Color or Race: White Birthplace: Germany

Occupation: Housewife Where Residing if not at place of death: 418 Eastern Ave E+X

Married, Single or Widowed: Married Name of Wife or Husband: Geo. Metzger

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Geo Metzger How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of liver How long: About 8 months

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. J. Williams MD

Address: 1114 Chesapeake St.

Accident or Suicide? No

LIBRARY BUREAU A88516

J Herwig & Son

Mt Carmel Ills

July 13/04

Name in Full: Minnie Elizabeth Meyer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rossville — County: Balto

Date of death 1904 — Month: July — Day: 1 — Age — Years: — Months: — Days: 8 day

Sex: Female — Color or Race: White — Birthplace: Rossville

Occupation: — Where Residing if not at place of death: " "

Married, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: Andrew Meyer — Father's Birthplace: Balto co

Mother's Maiden Name: Kate R Meeker — Mother's Birthplace: Baltocity

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Infantile Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C F Mace

Address: Rossville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A8831B

Name in Full: Bertha M. Meyers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Granger — County: Baltimore

Date of death 1904: Month: July — Day: 16th

Age: Years: 18 — Months: 8 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: single — Occupation: None

Name of Wife or Husband:

Father's Name: Albert Meyers — Father's Birthplace: Germany

Mother's Maiden Name: Anna M. Deboy — Mother's Birthplace: Md

Name of person giving In formation: Annie E. Deboy — How related to deceased: aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Pthisis Pulmonalis — How long: 6 mos

Immediete: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. N. Athey

Address: Z Hudson St

Accident or Suicide? No.

LIBRARY BUREAU A88516

Sacred Heart Cemetery

July 18th 1904

Germaine France

Under later

Name in Full: Welbur Graham Michael

CERTIFICATE OF DEATH

Died at: Town: Baltimore City — County: Baltimore — MARYLAND

Date of death 190 — Month: July — Day: 16 — Age: Years: — Months: 7 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Bald Co. Md.

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Welbur Michael — Father's Birthplace: Balto City

Mother's Maiden Name: Francis Young — Mother's Birthplace: Bald City

Name of person giving Imformation: Jos B Cook — How related to deceased: Undertaker

TO BE ANSWERED BY NEAREST FRIEND

104

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis — How long: 6 Days.

Immediate: Exhaustion — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edw Greenfield M.D.

Address: 517 [illegible]

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Milde

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Holbrook — (County): Bullo

Date of death: Month 7 — Day 3 — Years — Months — Days

Age: 5-

Sex: female — Color or Race: white — Birthplace: Baltimore

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name or Wife or Husband

Father's Name: Augustus Keen — Father's Birthplace: Germany

Mother's Maiden Name: Augusta Milde — Mother's Birthplace: Germany

Name of person giving Information: Augustus Keen — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: 4 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. O. E. Bolle

Address: Hammond

Accident or Suicide?

LIBRARY BUREAU A25516

Name in Full: August Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Middletown (County) Balto

Date of death 1904 (Month) July (Day) 19

Age (Years) 67 (Months) 9 (Days) 11

Sex: Male

Color or Race: Colored

Birthplace: Germany

Occupation: Stone Mason

Where Residing if not at place of death: 511 N. Fremont Ave

Married, Single or Widowed: Mar

Name of Wife or Husband: Amelia Miller

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Amy F Miller

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stomach Poisoning

How long: 4 days.

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas W Hammond

Address: Middletown Md

Accident or Suicide? no

LIBRARY BUREAU A8U316

Lida

Worster Cemetery

Name in Full: Anna Moran

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Hope Retreat County: Baltimore

Date of death: Month July Day 20 1904 Age: Years 65 Months Days

Sex: Female Color or Race: White Birthplace

Occupation: Religious - Where Residing if not at place of death

Married, Single or Widowed: Single Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving In formation: Recds Mt Hope Retreat How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronica - How long: 36 years

Immediate: Gen Anasarca - Ex hemorrhage How long: abt a year -

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Md -

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mrs Mary Newman

Died at: Town: Randallstown; County: Baltimore

Date of death: Month: July; Day: 3rd; Year: 1904; Age: Years: 71; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace:

Occupation: Housewife; Where Residing if not at place of death: Near Randallstown

Married, Single or ~~Widowed~~; Name of ~~Wife or~~ Husband: William Newman

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving information: ; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Hemorrhage; How long: 12 hours

Immediate: Paralysis; How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Hebb M.D.

Address: Randallstown

Accident or Suicide?

Balt Co - Md

LIBRARY BUREAU A8-316

Name in Full

Certificate of Death

Mrs Anna Hurdis Nisbet

Died at Town Texas ("Monkton") County Balto MARYLAND

Date 1904 Month July Day 19	Age Y. 89 M. 3 D. 19	Native of md	Occupation Woman

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ ~~Wife~~ of

Father's Name Alexander Nisbet Mother's Maiden Name Mary Owings

Cause of Death: Primary Alternus. — How long sick

Immediate Softening of Brain

~~Accident, Suicide, Homicide~~

Reported by Dr B. S. Bussen

Address Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Perry Copield Nunnally

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Parkville — County: Baltimore

Date of death: 1904. Month: July. Day: ~~14th~~ 13th. Age — Years: — Months: 8 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Baltimore.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Emmett C. Nunnally. — Father's Birthplace: Virginia.

Mother's Maiden Name: Rhoda Burton — Mother's Birthplace: Maryland

Name of person giving Imformation: Leydia Stockett — How related to deceased: Aunt.

CAUSES OF DEATH

Primary: Entero-colitis — How long: 17 days

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. J. Harrison.

Address: Lock Raven.

Accident or Suicide?

105

LIBRARY BUREAU A89016

F. Lovelace
Date Dies Aug 15th

Marsh Chapel

Name in Full: Mrs Clara O'Brien

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Catonsville	(County)	Baltimore		
Date of death 190X — Month	July	Day	16	Years	21
Months		Days			
Sex	F.	Color or Race	White	Birthplace	Virginia
Married, ~~Single~~ or ~~Widowed~~		Occupation	—		
Name of Wife or Husband	Unknown				
Father's Name	—			Father's Birthplace	—
Mother's Maiden Name	—			Mother's Birthplace	Maryland
Name of person giving Information	Mrs Andrew Castleman			How related to deceased	Mother

61

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Meningitis	How long	Two weeks
Immediate	Pulmonary Edema	How long	18 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Alfred S. Gundry M.D.
		Address	"Idol" Catonsville
Accident or Suicide?	No		

LIBRARY BUREAU A2281B

Henry M. Jenkins & Sons

Name in Full: Mary E. Ogier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Balto. Co.

Date of death: 1904 July 22

Age: Years 70 Months 6 Days 6

Sex: Female

Color or Race: White

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Married

Name of ~~Wife~~ or Husband: John S. Ogier

Father's Name: Joshua Bergan

Father's Birthplace: Md

Mother's Maiden Name: Mary F. Lee

Mother's Birthplace: Md

Name of person giving Imformation: John S. Ogier

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of the stomach

How long: About 2 years

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos Shearer

Address: 345 N. Charles St.

Accident or Suicide?

LIBRARY BUREAU A88818

Ziskelen & Ziskelen

1739 E. Eager st

Name In Full

Certificate of Death

James O'Kane S.J.

Died at Town: Woodstock, Colly, County: Balto MARYLAND

Date 1904 Month: July Day: 27 | Age Y.: 78 M.: 7 D.: 16 | Native of: Ireland | Occupation: none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name: James O'Kane | Mother's Maiden Name: not Known

Cause of Death: Primary: Intestinal Carcinoma | How long sick: 5 years

Immediate: Exhaustion

~~Accident Suicide Homicide~~

Reported by H. V. Shipley M.D.

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70894

Name in Full: Ethel Payne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington — County: Balt.

Date of death 1904: Month: 7 — Day: 22

Age: Years: — Months: 5 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Edw. Payne — Father's Birthplace: Md

Mother's Maiden Name: Ethel Eckelmeyer — Mother's Birthplace: Md

Name of person giving In formation: Edw. Payne — How related to deceased: Father

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 5 days

Immediate: Exhaustion — How long: 10 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A H Beeten M D

Address: Mt Washington

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Mary Pfeifer

CERTIFICATE OF DEATH

MARYLAND

Died at: Catty Town: Hill County: Balto

Date of death 1904: Month: July Day: 16

Age: Years: 79 Months: 11 Days:

Sex: Female Color or Race: w

Birthplace: Germany

Married, Single or Widowed:

Occupation: House wife

Name of Wife or Husband: Geo Pfeifer

Father's Name: Bart Korber

Father's Birthplace: Germany

Mother's Maiden Name: Katharine Korber

Mother's Birthplace: "

Name of person giving information: John C Pfeifer

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age - General Debility.

How long:

Immediate: Failure of vital Forces

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Leigard D White M.D.

Address: Fullerton, Md.

Accident or Suicide?

LIBRARY BUREAU A69519

St Josephs
Date this To Day
July 19th

Name in Full: George Pinkney

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fork — County: Balto

Date of death 1904 — Month: July — Day: 3 — Age — Years: 35 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Dont Know

Father's Name: Geo. Pinkney — Father's Birthplace: Md

Mother's Maiden Name: Larina Pinkney — Mother's Birthplace: Md

Name of person giving Imformation: Harriett Gray — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: accident. — How long: 5 hours

Immediate: Fell down a well. — How long: 11

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. H. Gorsuch

Address: Fork Md.

Accident or Suicide?

LIBRARY BUREAU A899016

Name in Full: Ruth Poulsen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Woodlawn — County: Balto

Date of death 1904 — Month: July — Day: 11th — Years: Age 2 — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Anne Arundel Co Md

Occupation: Child — Where Residing if not at place of death: Woodlawn

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Peter Poulsen — Father's Birthplace: Denmark

Mother's Maiden Name: Fizzie Highfield — Mother's Birthplace: Md

Name of person giving In formation: Wm Poulsen — How related to deceased: Uncle

92

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 6 weeks

Immediate: Broncho-Pneumonia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. C. Smith

Address: Woodlawn Md

Accident or Suicide: —

LIBRARY BUREAU A08816

Name in Full

Certificate of Death

Mrs. Wellzetta Praakt—

Died at 803 Rolandav. Town Roland Park County Balto Co., MARYLAND

Date 1924 Month July Day 25 | Age Y. 81 M. D. | Native of Md | Occupation ——

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Augustus C. Praakt- deceased

Father's Name

Mother's Maiden Name

Cause of Death { Primary Myocardia 9 | How long sick 1 wk.

Contributory Paralysis of Heart 9

~~Accident~~, Suicide, Homicide

Reported by Henry F Coyle M.D

Address Roland Park Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

G. F. Haeckel

723. W. Lafayette ave

Baltimore, Md.

Name in Full: Frances Proctor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Baltimore

Date of death 190 4: Month: July; Day: 6

Age: Years: ~~83~~ 73; Months: 11; Days: 29

Sex: Female

Color or Race: White

Birthplace: Ind

Married, ~~Single~~ or ~~Widowed~~

Occupation: —

TO BE ANSWERED BY NEAREST FRIEND

Name of ~~Widow or~~ Husband: Joshua A Proctor

Father's Name: Thos. Shannon

Father's Birthplace: Ind

Mother's Maiden Name: Hannah Loflin

Mother's Birthplace: Ind

Name of person giving Information: Joshua A. Proctor

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ascites: Cirrhosis of Liver.

How long: Seven Months.

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Ye.

Signature of Physician: Louis Hamman

Address: 24 N. Franklin

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full Lilian Suit

Certificate of Death

Died at Granby Town County Balto MARYLAND

Date 1904 Month July Day 22 | Age Y. 1 M. 0 D. 4 | Native of Md | Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband —

Wife

Father's Name Arthur Suit

Mother's Maiden Name Bettie Johnson

Cause of Death: Primary Pneumonia — 3 days

How long sick 12 days

Immediate Exhaustion & Cardiac Asthenia

~~Accident Suicide Homicide~~

Reported by W. J. Stuppy M.D.

Address Granby Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70908

Name in Full: Louis Oliver Raymond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkville; County: Balto

Date of death 1904: Month: July; Day: 20th; Age: ~~Years~~ Months: 3; Days: 15

Sex: Male; Color or Race: W; Birthplace: Baltimore

Married, Single or ~~Widowed~~; Occupation:

Name of Wife or Husband:

Father's Name: Theo Raymond; Father's Birthplace: Balto

Mother's Maiden Name: Arie E. Morell; Mother's Birthplace: Md

Name of person giving Information: Theo Raymond; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

92

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Pneumonia; How long: 4 days

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Lugard D. Whitford

Address: Fullerton, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Hiss.
Please Date July 22nd 1904

Name in Full: Morris J. Read

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bowers; County: Balto

Date of death 1904: Month: July; Day: 31

Age: Years: —; Months: 1; Days: 17

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Wm E Read

Father's Birthplace: Eng

Mother's Maiden Name: Louisa A Morris

Mother's Birthplace: Md

Name of person giving Information: Wm E Read

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ex Lanation

How long: 9 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Luth Harrison M.D.

Address: Middle River Md

Accident or Suicide? No

LIBRARY BUREAU A83613

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Name in Full: Mary Hubner Rice

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Baltimore County

Date of death 1904: Month: July; Day: 26th; Years: Age 35; Months: 4; Days: 8

Sex: Female; Color or Race: White; Birthplace: Baltimore

Occupation:

Married, Single or Widowed: Married

Neme of Wife or Husband: George Herbert Rice

Fether's Neme: John Hubner; Father's Birthplace: Germany

Mother's Maiden Name: Mary A. Harken; Mother's Birthplace: Baltimore

Name of person giving In formation: Henry H. Hubner; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Death sudden; How long —

Immediate: Heart-failure; How long —

Are the name, ege, sex, color, dete and plece correctly given ebove?: Yes

Signature of Physician: Geo. H. Macgill

Address: Catonsville

Accident or Sulcide?: No

PHYSICIAN OR CORONER

LIBRARY BUREAU A89516

Name in Full: Rodgers, Alfred C.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dealmsville; County: Balto

Date of death: Month: July; Day: 5; 1904

Age: Years: 72; Months; Days

Sex: Male

Color or Race: white

Birthplace: Maryland.

Occupation: School teacher

Where Residing if not at place of death: X

Married, Single or Widowed: Married

Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving Information: X

How related to deceased: X

20

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia

How long: 3 years.

Immediate: Ch Interstitial Nephritis

How long: 1 yr.

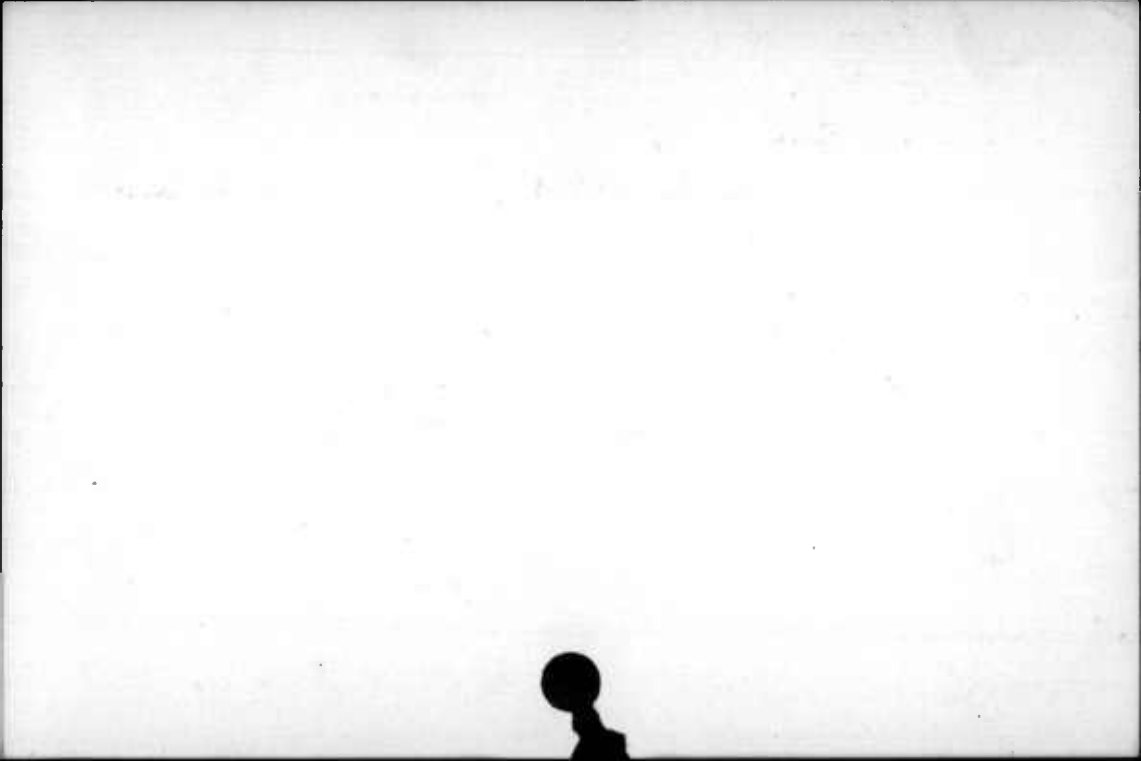
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo Reed.

Address: Dealmsville

Accident or Suicide? No

LIBRARY BUREAU A86518



Name in Full: Jas E. Rufenacht

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lauraville — County: Balto.

Date of death: Month: July — Day: 28 — Years: — Months: 9 — Days: 8

Sex: Male — Color or Race: White — Birthplace: Lauraville Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jas. Eud Rufenacht — Father's Birthplace: England

Mother's Maiden Name: Tillie Bowers — Mother's Birthplace: Balto. Co.

Name of person giving information: Mrs Tillie Rufenacht — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition — How long: 12

Immediate: Cholera Morbus — How long: 10 -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. W. Mobberley M.D.

Address: 814 N. Eutaw St.

Accident or Suicide?

LIBRARY BUREAU A86016

Long Green Cemetery Dor Trinity church

John Slade & Co. Long Green

Name in Full: Martin Schenk

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Balto

Date of death 1904 — Month: July — Day: 25

Age — Years: — Months: 3 — Days: 0

Sex: Male — Color or Race: White — Birthplace: Balto Co. Md.

Married, Single or Widowed: Single — Occupation: none

Name of Wife or Husband: —

Father's Name: George Schenk — Father's Birthplace: Md.

Mother's Maiden Name: Senicie Weinbeck — Mother's Birthplace: Md.

Name of person giving information: George Schenk — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 2 mos.

Immediate: Inanition — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. J. McAvoy MD.

Address: 839 S. Canton Av.

Accident or Suicide?

LIBRARY BUREAU A89916

Sacred Heart Cemetery

July 26th

Germanus France

Undertaker

Name in Full: Laura V Schaible

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Hamilton — Town: Hamilton — County: Balto

Date of death: 1904 — Month: July — Day: 16 — Age: 54 — Months: 6 — Days: 12

Sex: female — Color or Race: white — Birthplace:

Occupation: Housework — Where Residing if not at place of death: Widow Hamilton

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: John Kammodt — Father's Birthplace: Germany

Mother's Maiden Name: Mary Fuller — Mother's Birthplace: Balto city

Name of person giving Imformation: Geo W Little — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: Six months

Immediate: Phthisis Pulmonalis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Louis W. Knight M.D.

Address: 414 N. Greene St.

Accident or Suicide? No.

LIBRARY BUREAU A88518

Wm D. Close
Gardenville
Md

Name in Full: Carrie Schloss

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Baltimore

Date of death 1904: Month: July; Day: 30

Age: Years: 46; Months: 7; Days: 14

Sex: Female; Color or Race: White; Birthplace: Germany

Married, Single or Widowed: Widowed; Occupation: None

Name of Husband: Nathan Schloss

Father's Name: Samson Oppenheimer; Father's Birthplace: Germany

Mother's Maiden Name: Babette Dretzger; Mother's Birthplace: Germany

Name of person giving In formation: Jacob Oppenheimer; How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Meningitis; How long: 2 yrs

Immediate: Exhaustion; How long: 3 wks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Rush Dunton, Jr

Address: Towson Md

Accident or Suicide? No.

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Jacob Ahrens & Co.

754 N. Eutaw St.

Name in Full

Certificate of Death

Mary R Schmitt

Town

County

Died at Highland Bulto MARYLAND

Date 189	Month	Day		Y.	M.	D.	Native of	Occupation
1904	7	18	Age			28	md	

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Convulsions

How long sick 6 h

Immediate

Accident, Suicide, Homicide

Reported by A. L. Warner

Address 1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Frederick A. Schmidt

Katherine A. Schmidt

Holy Redeemer Cemetery

Meadow Lights Section

Name in Full: Elma Emma Amelia Schnetzkir

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto

Date of death 1904: Month: July; Day: 16

Age: Years: —; Months: 7; Days: 16

Sex: Femal; Color or Race: White; Birthplace: md

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: Fred Wm Schnetzkir; Father's Birthplace: Germany

Mother's Maiden Name: Pauline "; Mother's Birthplace: Germany

Name of person giving Information: Fred Wm Schnetzkir; How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes; How long: —

Immediate: " ; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Coroner: John G Mueller

Address: 216 O'Donnell st

Accident or Suicide?

LIBRARY BUREAU A6881B

Name in Full: John Schultz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Middle River — County: Balto

Date of death	Month	Day	Age Years	Months	Days
1904	July	12	—	—	8

Sex: Male — Color or Race: White — Birthplace: md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name or Wife or Husband: —

Father's Name: Geo. Schultz — Father's Birthplace: Md

Mother's Maiden Name: Rosa — Mother's Birthplace: Pa

Name of person giving Information: Jas Schultz — How related to deceased: Grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal Metritus — How long: 8 Days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John C Hamman MD

Address: Dun 8 Ave 18 8

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Violet Schultz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rossville — County: Balto

Date of death 1904 — Month: July — Day: 31 — Years: Age 1 — Months: 2 — Days: —

Sex: Female — Color or Race: white — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Geo Schultz — Father's Birthplace: Md

Mother's Maiden Name: Rosa Paul — Mother's Birthplace: Pa

Name of person giving Information: Geo Schultz — How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos F Hammond M.D.

Address: [redacted]

Accident or Suicide? No

LIBRARY BUREAU A6801G

Name in Full: Archibald H Scott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chas — County: Balto

Date of death: Month: July — Day: 13 — Year: 1904

Age: Years: 54 — Months: 5 — Days: 11

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: Chas —

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: Greenbury Scott — Father's Birthplace:

Mother's Maiden Name: Ruth Hollingsworth — Mother's Birthplace:

Name of person giving Imformation: Mrs A Scott — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy — How long: 64

Immediate: — — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C V Mace

Address: Parkville Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Marie Charlotte

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balto Co.

Date of death 1904: Month: July — Day: 21 — Age: Years: — Months: 1 — Days: 20

Sex: Female — Color or Race: White — Birthplace: Balto

~~Married~~, Single or ~~Widowed~~ — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Johnson — Father's Birthplace: Harford Co.

Mother's Maiden Name: Rosa Evans — Mother's Birthplace: Harford Co.

Name of person giving information: Mrs. Sadie Fennick — How related to deceased: adopted mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal-nutrition (Bottle fed from birth.) — How long: life.

Immediate: Exhaustion — How long: 30 days (about)

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Wm. Wright M.D.

Address: 1023 Canton St. Balto

Accident or Suicide?

LIBRARY BUREAU ABB818

Name in Full: Margaret Viola Shepherd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shepherd's | County: Cecil

Date of death: Month: 8 | Day: 10 | 1904

Age: Years: — | Months: 7 | Days: 2

Sex: Female | Color or Race: White | Birthplace: Shepherd's

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Walter Shepherd | Father's Birthplace: Manor

Mother's Maiden Name: Susan Henderson | Mother's Birthplace: Backstone

Name of person giving information: Father | How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum | How long: 24

Immediate: Convulsions | How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Rayner

Address: Cortleff Md

Accident or Suicide?

LIBRARY BUREAU A46316

Name in Full: Elizabeth Sigler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Washington | County: Balto.

Date of death 1904: Month: 7 | Day: 31 | Age: Years: 71 | Months: 3 | Days:

Sex: Female | Color or Race: White | Birthplace: Md.

Married, Single or Widowed: Widow | Occupation: Home

Name of ~~Wife or~~ Husband: Jr Saml Sigler

Father's Name: John Bisco | Father's Birthplace: St Marys Co

Mother's Maiden Name: Nellie Clark | Mother's Birthplace: " "

Name of person giving In formation: Edw. Gorden | How related to deceased: Son-in-law Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy | How long: 5 days

Immediate: Exhaustion | How long: 10 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A H Buteau MD

Address: Mt Washington

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Boland Simott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Balto.

Date of death 1904: Month: July; Day: 29

Age: Years: 65; Months: —; Days: —

Sex: Female

Color or Race: white

Birthplace: Ireland.

Married, Single or Widowed: Married

Occupation: Housewife

Name of Wife or Husband: Stephen Simott

Father's Name: John Boland

Father's Birthplace: Ireland.

Mother's Maiden Name: Not Known

Mother's Birthplace:

Name of person giving information: Stephen Simott

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

Primary: Apoplexy — How long: 7 days.

Immediate: Hypostatic Pneumonia — How long: 12 hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H C Hess M D

Address: Sta H Govans Balto. Md.

Accident or Suicide? Neither

LIBRARY BUREAU A86916

Morton Jakey & Sons

St Marys Brewery

Name in Full: Sissler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rossville — County: Balto

Date of death: Month: July — Day: 22 — Age: Years: — Months: 9 — Days: —

Sex: Female — Color or Race: White — Birthplace: —

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Andrew Sissler Sr — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Andrew Sissler — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still birth — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. V. Mace

Address: Rossville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Richard Lawrence Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Tuxedo Park — County: Baltimore

Date of death 1904 — Month: 7 — Day: 18

Age — Years: 74 — Months: 2 — Days: 3

Sex: Male

Color or Race: White

Birthplace: Maryland

~~Married, Single~~ or Widowed

Occupation

Name of Wife or Husband

Father's Name: James Smith

Father's Birthplace: Russia

Mother's Maiden Name: Amelia Frasier

Mother's Birthplace: Maryland

Name of person giving information: C. H. Smith

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteriosclerosis, Nephritis

How long: One year

Immediate: Exhaustion

How long: 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. Mitchell M.D

Address: 1928 Madison ave Balto. Md

Accident or Suicide?

LIBRARY BUREAU A6631B

Daniel Flynn

42 E. Fort St

City

New Cathedral Cemetery

Name in Full

Certificate of Death

Laura V. Soulhard

Died at Town: Alberton County: Garrett MARYLAND

Date 1904 Month: July Day: 27 | Age Y. 36 M. D. | Native of Va | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living —

Husband of Wife: C. B. Soulhard

Father's Name: — | Mother's Maiden Name: —

Cause of Death: Primary: Gastro-Enteritis | How long sick: 3 days

Immediate: Exhaustion | ~~Accident, Suicide, Homicide~~

106

Reported by: J. Garrett Allemong, M. D.,

Address: Alberton, Md.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: William C Stauffer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton County: Balt

Date of death 1904: Month: 7 Day: 25

Age: Years: — Months: 9 Days: 12

Sex: Male Color or Race: White Birthplace: Parkton Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name or Wife or Husband: —

Father's Name: D. F. Stauffer Father's Birthplace: Md

Mother's Maiden Name: Sarena E Bowen Mother's Birthplace: Md

Name of person giving information: D F Stauffer How related to deceased: Father

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Entestinal Catarrh How long: 9 days

Immediate: Cholera Infantum How long: 3 "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R R Morris

Address: Parkton Md

Accident or Suicide?

LIBRARY BUREAU A33616

Name in Full: Kate Stokes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 201 Schuck & Canton — County: Baltimore

Date of death 1904: Month: July — Day: 17th — Years: Age 24 Years — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, ~~Single~~ or ~~Widowed~~: Married — Occupation: None

Name of ~~Wife~~ or Husband: Ernest Stokes

Father's Name: Charles Eck — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Appler — Mother's Birthplace: Maryland

Name of person giving Information: Elizabeth Eck — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: four months

Immediate: Asthenia — How long: two weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Fred A. Conrad M. D.

Address: 2124 E. Oriole St.

Baltimore Md.

~~Accident or Suicide?~~

LIBRARY BUREAU ARMAS

Schwartz Cemetery

W. S. Bay

Name in Full: Dasia W Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Thistle — County: Ballo

Date of death: Month: July — Day: 26 — Years: 46 — Months: 7 — Days: —

Sex: Female — Color or Race: White — Birthplace: Warren Co. N.C.

Occupation: Home — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Daughter — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption — How long: about 1 year

Immediate: asthma — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D M Stully M D.

Address: Columbelle Md.

Accident or Suicide?

LIBRARY MUSEUM ARSOIS

Name in Full: John W. Thurber

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: July; Day: 15th

Age: Years: —; Months: 9; Days: 2

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: single; Occupation: None

Name of Wife or Husband: —

Father's Name: Smith R. Thurber; Father's Birthplace: New York

Mother's Maiden Name: Catharine Werner; Mother's Birthplace: Germany

Name of person giving information: Catharine Thurber; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis; How long: 7 days

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Williams M. D.

Address: 410 S. Patterson Pk. Ave.

Accident or Suicide? No

LIBRARY BUREAU A88516

Sacred Heart Cemetery

July 3rd 1904

Germanus France

Undertaker

Name in Full: William F. Tolbert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Balto

Date of death 1904: Month: July; Day: 29; Age: Years —; Months 8; Days —

Sex: Male; Color or Race: C.; Birthplace: Catonsville

Married, Single or ~~Widowed~~: —; Occupation: —

Name of Wife or Husband: Fran[illegible]

Father's Name: Frank Tolbert; Father's Birthplace: —

Mother's Maiden Name: Lucy. King.; Mother's Birthplace: —

Name of person giving In formation: " "; How related to deceased: Mother

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileo Colitis; How long —

Immediate: Convulsions; How long 3 or 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. E. L. Mattfeldt

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mildred Irene Trail

CERTIFICATE OF DEATH

MARYLAND

Died at: Mrs Hollofields — Town: — County: Balto

Date of death	Month	Day	Years	Months	Days
1 90	4 July	19	Age 1	2	24

Sex: Female | Color or Race: White | Birthplace: Catonsville

Occupation: — | Where Residing if not at place of death:

Married, Single or Widowed: — | Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Edward Trail | Father's Birthplace: Montgomery Co Md

Mother's Maiden Name: Augusta Virginia Poole | Mother's Birthplace: Baltimore

Name of person giving Imformation: C. E. Trail | How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum | How long: 2 weeks

Immediate: Exhaustion | How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr C. L. Mallfeldt

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Rosalie Vaselic

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: Month: July; Day: 27; 1904

Age: Years: 44; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Bohemia

Occupation: Widow of Locksmith

Where Residing if not at place of death: Ht 2316 Cambridge St

Married, Single or Widowed: Widow

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Recds of Mt Hope

How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aqua Chronic

How long: 11 yrs

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Co Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Joseph. Walker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ruhls — County: Balt.

Date of death 1904: Month: 7 — Day: 18 — Age: Years: 83 — Months: 5 — Days: 6

Sex: Male. — Color or Race: White — Birth-place: Carroll Co Md

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband: Annie

Father's Name: Daniel Walker — Father's Birthplace: Unknown

Mother's Maiden Name: Mrs. Lucas — Mother's Birthplace: " "

Name of person giving In formation: Eli Walker — How related to deceased: Son

Deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio Sclerosis, Acute Nephritis. — How long: About 6 weeks.

Immediate: Apoplexy. — How long: 3 or 4 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas L. Yagle.

Address: New Freedom Pa.

Accident or Suicide?

LIBRARY BUREAU

Dr. Jayle,
Dear Sir.
Please fill out Death Certificate and mail same to Mr Eli Walker Freeland Md. please send in first mail so he can get Burial permit.

Respt.
Geo L Hartenstein

send Freeland Md.
R.F.D. #3.

Name in Full: Annie May Walsh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edmondson Ave Sta. County: Baltimore

Date of death: Month: July Day: 2 Years: 1904 Age: 20 Months: Days:

Sex: Female Color or Race: White Birthplace: Balto. Co. Md.

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Stephen Joseph Walsh Father's Birthplace: Balt. Md.

Mother's Maiden Name: Catherine Roach Mother's Birthplace: Ireland

Name of person giving Information: Stephen Joseph Walsh How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Phthisis How long: 1 Year

Immediate: Syncope How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician: Harold Monnonier

Address: Dickeyville Maryland

LIBRARY BUREAU A88816

Name in Full: Marion Elizabeth Ward

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Washington — County: Baltimore

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	July	14	Age 12	1	17

Sex: Female

Color or Race: white

Birthplace: Baltimore City

Occupation: School.

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Edward J. Ward.

Father's Birthplace: Baltimore City

Mother's Maiden Name: Eleanor K. Umstaugh

Mother's Birthplace: Baltimore City

Name of person giving In formation: Mrs. Ed. J. Ward

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria Followed by Acute

How long: 2 1/2 days

Immediate: Nephritis & Pulmonary Congestion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Williams Todd M.D.

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A88516

John. E Hough & Co
Mount Oleoit-beer
July 15-th 1904

Name in Full: Harry. Washington

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death: Month: July — Day: 15 — Years: Age 1 — Months: 6 — Days:

Sex: Male — Color or Race: Col'd — Birthplace: Virginia

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Willis B Washington — Father's Birthplace: Va

Mother's Maiden Name: Rose Tomlins — Mother's Birthplace: Va

Name of person giving Imformation: W. B Washington — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 1 week

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D C L Mansfield

Address: Health Office Catonsville Md

Accident or Suicide?

J. C Macgill Asst attending M.D.

LIBRARY BUREAU A86516

Name in Full: Charles R. Welch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point — County: Baltimore

Date of death: Month: July — Day: 25th — 1904

Age: Years: — Months: 6 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Sparrows Point.

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: George N. Welch — Father's Birthplace: Maryland

Mother's Maiden Name: Mary V. Thompson — Mother's Birthplace: Maryland

Name of person giving information: Geo. N. Welch — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Atrophy. — How long: 6 months.

Immediate: Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eldred

Address: Sparrows Point Md

~~Accident or Suicide?~~

LIBRARY MUSEUM A&M316

Name in Full: Hepza Gardner Werden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Reisterstown; County: Baltimore

Date of death: 1904 July 8

Age: 75 Years 5 Months 27 Days

Sex:

Color or Race:

Birthplace: Baltimore

Occupation:

Where Residing if not at place of death: Newport R. I.

Married, Single or Widowed:

Name of Wife or Husband: Reed Werden

Father's Name: George G. Hobson

Father's Birthplace:

Mother's Maiden Name: Sarah Magruder Lowrie

Mother's Birthplace:

Name of person giving Information: S. F. Norris

How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 3 wks

Immediate: Coma — How long: about 4 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Lockwood

Address: 8 E. Eager St Baltimore

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Catherine. Westermann

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pretty Hill — County: Baltimore

Date of death 190 4: Month: July — Day: 11 — Age: Years: 23 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Married, ~~Single~~ ~~or Widowed~~ — Occupation: House wife

Name of Wife or Husband: Catherine Westermann

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Instantly killed by Lightning — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Luigard D White ford.

Address: Fullerton, Balto. Co.

Accident or Suicide?

LIBRARY BUREAU A882516

Enter next
Holy Redeemer
Cemetery
Belair Road

Geo. W. Brennan
undertaker

Name in Full: Mary Elizabeth White

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: 1904; Month: 7; Day: 28

Age: Years: 46; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Talbot

Occupation: Housewife

Where Residing if not at place of death: 17 Fifth ave

Married, ~~Single~~ or ~~Widowed~~

Name of ~~Wife or~~ Husband: Thos White

TO BE ANSWERED BY NEAREST FRIEND

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Thomas White

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Pulmonalis

How long: 6 mos

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Athey M.D.

Address: 2 Hanson St

Accident or Suicide? No

LIBRARY BUREAU A69616

W Nicolas & Son

Mr Learned Conley-

Name in Full: John R. Wilhelm

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Howardville; County: Baltimore

Date of death: Month: July; Day: 6th; Years: 6; Months: 6; Days: —

Age: 6 Years 6 Months

Sex: Male

Color or Race: White

Birthplace: Balto Md.

Occupation: Merchant

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband:

Father's Name: Jacob F. Wilhelm

Father's Birthplace: Balto Md.

Mother's Maiden Name: Marie E. Webb

Mother's Birthplace: " "

Name of person giving In formation: Lewis W Wilhelm

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm J McDowell

Address: 811 N. Carey St.

Accident or Suicide?

Coroner by H.A. Cooper

LIBRARY BUREAU A88616

Name in Full: Infant son of Chas & Clara Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Health Works; County: Balto Co

Date of death: Month: July; Day: 4; 1904

Age: Years: —; Months: —; Days: —

Sex: Male

Color or Race: Negro

Birthplace: Health Works

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —

Father's Birthplace: Georgia

Mother's Maiden Name: —

Mother's Birthplace: Georgia

Name of person giving Imformation: Harry C Alg iii Md.

How related to deceased: — L

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Birth at term

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry C Alg iii

Address: 340 Roland Ave.

Accident or Suicide?

LIBRARY BUREAU A88518

Horace Burgee
3631 Falls Rd
Baltimore Md

Name in Full: John P. Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore

Date of death 190 — Month: 4 — Day: 23 — Age — Years: 74 — Months: 4 — Days: 25

Sex: Male — Color or Race: White — Birthplace: Wales

Married, Single or Widowed: Widowed — Occupation: Copper Refiner

Name of Wife or Husband: (C)

Father's Name: Josiah Williams — Father's Birthplace: Wales

Mother's Maiden Name: Dont Know — Mother's Birthplace: ?

Name of person giving information: John P. Colter — How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis — How long: 4 days

Immediate: Cardiac Syncope — How long: one day

104

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David W. Jones

Address: 3116 O'Donnell St.

Accident or Suicide?

LIBRARY BUREAU A88816

Mount Carmel

H. Sunder & Sons

Name in Full: John B. Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville — County: Baltimore

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190	Month: July	Day: 15th	Age: Years: 25	Months: 6	Days: 16
Sex: Male	Color or Race: White		Birthplace: Baltimore Co.		
Occupation: Farmer		Where Residing if not at place of death: Catonsville			
Married, Single or Widowed: Married	Name of Wife or Husband: Mary C. Williams				
Father's Name: N. C. Williams			Father's Birthplace: Baltimore		
Mother's Maiden Name: Mary A. Crown			Mother's Birthplace: Baltimore		
Name of person giving Information: Samuel Brown			How related to deceased: Uncle		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever		How long: 3 wks
Immediate: Hemorrhage		How long: 6 hrs
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: C. Hawkins	
	Address: Southport N.C.	
Accident or Suicide?		

LIBRARY BUREAU A66816

Name in Full: Ross Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fort — County: Balto

Date of death: Month: July — Day: 11 — 1904

Age: Years: one — Months: ✓ — Days: ✓

Sex: Male — Color or Race: white — Birthplace: Md

Occupation: ✓ — Where Residing if not at place of death: ✓

Married, Single or Widowed: ✓ — Name of Wife or Husband: ✓

Father's Name: George Williams — Father's Birthplace: Md

Mother's Maiden Name: Lydia Mast — Mother's Birthplace: Md

Name of person giving Imformation: Jane Mast — How related to deceased: uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 days

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. F. H. Gosnell

Address: Fort Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: M. Eliz Wunder

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Middle Run — County: Bucks

Date of death: Month: July — Day: 18 — 1906

Age: Years: — Months: 2 — Days: 27

Sex: Female — Color or Race: colrd — Birthplace: —

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Chas Wunder — Father's Birthplace: Md

Mother's Maiden Name: Mary Bloom — Mother's Birthplace: Md

Name of person giving Information: Chas Wunder — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 Days

Immediate: — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J Thad Hammond MD

Address: Middle Run Md

Accident or Suicide? No

LIBRARY BUREAU A86616

Name in Full: Erick Fr. Gitthaus

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Athol Ave — County: Balto Co

Date of death 1904 — Month: July — Day: 31 — Sunday

Age — Years: 80 — Months: 9 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Germany.

Occupation: Book Keeper — Where Residing if not at place of death: ———

Married, Single or Widowed: married — Name of Wife or Husband: Charlotte Gitthause

Father's Name: Gilliam Gitthause — Father's Birthplace: Germany

Mother's Maiden Name: Ida Burkman — Mother's Birthplace: Germany

Name of person giving Imformation: Wife — How related to deceased: ———

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 Days

Immediate: Heart Failure — How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fred Gilmore M.D.

Address: 1500 Eutaw Pl

Accident or Suicide?

LIBRARY BUREAU A88316

Louis F. Schaefer
London Park

Name in Full: Joseph Walford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Walkers County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	July	27	Age —	4	25

Sex	Color or Race	Birthplace
Male	White	Va

Occupation	Where Residing if not at place of death
—	—

Married, Single or Widowed	Name of Wife or Husband
—	—

Father's Name	Jno Walford	Father's Birthplace: Md
Mother's Maiden Name	Francis Radowicke	Mother's Birthplace: Md
Name of person giving Information	Jos Radowicke	How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum	How long: 2 days
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: John W Hannon M.D.
	Address: Middle River Md
Accident or Suicide? No	

LIBRARY BUREAU A83516

Name in Full — Certificate of Death

Martin Yeager

Died at Town Canton County Balto MARYLAND

Date 1904 Month 7 Day 8 | Age Y. 10 M. D. | Native of Md | Occupation —

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of
Wife

Father's Name — Mother's Name

Cause of Death: Primary Convulsions — How long sick one day

Immediate —

Accident, Suicide, Homicide

Reported by F. L. Warner M.D.

Address 120 Fairfield Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Crowley Bros

Mt Carmel Cemetery

Name in Full: Ann Young

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Glenartney — County: Baltimore

Date of death: 1904 — Month: July — Day: 8 — Age: Years — Months: 4 — Days: 5

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: R. Harry Young — Father's Birthplace: Md.

Mother's Maiden Name: Ann Ray — Mother's Birthplace: Md

Name of person giving Imformation: R. Harry Young — How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis (acute) — How long: 36 hours.

Immediate: Intoxication — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm R. Earleckson

Address: Elk Ridge, Md.

Accident or Suicide?

LIBRARY BUREAU A89610

Name in Full: James A. Luckett

CERTIFICATE OF DEATH

Died at: Town: St. Agnes' Hospital; County: Balto.; MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: July	Day: 28	Years: Age 42	Months	Days
Sex: Male	Color or Race: White			Birthplace: Baltimore	
Occupation: Marble-polisher	Where Residing if not at place of death: 11 1/2 Pleasant St				
Married, Single or Widowed: Single	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Pulmonary Tuberculosis	How long
Immediate	Expectation	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: J. T. Mara	
	Address: St. Agnes Hosp't.	
Accident or Suicide?		

LIBRARY BUREAU A68516

Name in Full: Catherine McCluskey

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) St. Agnes' Hospital (County) Balto. MARYLAND

Date of death 1904 (Month) July (Day) 19 (Years) Age 96 (Months) (Days)

Sex Female | Color or Race White | Birthplace Ireland

Occupation Seamstress | Where Residing if not at place of death

Married, Single or Widowed Single | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary Tuberculosis | How long

Immediate Exhaustion | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. Frank Dorsey M.D.

Address St. Agnes Hospital Balto. Co. Md

Accident or Suicide?

LIBRARY BUREAU A88516